Review of the Australian nurse teacher professional practice standards: An e-Delphi study

SURVEYS AND RESULTS

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Delphi Survey 1

The Survey

Thank you for consenting to participate in the EVOLUTIONS project to review the Australian Nurse Teacher Professional Practice Standards.

The consent you have sent, and completion of this survey, indicate your consent to use the de-identified responses in future publications and/or conference presentations.

Please click the arrow below to commence the survey.

A. About yourself

In which type of health or educational facility do you predominantly teach?

◯ Hospital
◯ Community
◯ TAFE
◯ College
◯ University
◯ [ ] Other (please specify below)

Please write the name/title of the position/s you hold at your main place of employment.

[ ]

Please indicate the postcode of your main employer for whom you

predominantly teach.

[   ]

What is your highest academic qualification?

○ Bachelor's degree
○ Post-Graduate Certificate
○ Post-Graduate Diploma
○ Master's degree
○ PhD/Doctorate
○ [   ] Other (please specify below)

Please indicate below any qualifications you have specialising in education (It does not have to be nursing). More than one response is allowed.

☐ I do not have qualifications specific to education or teaching
☐ Certificate IV in Training and Assessment
☐ Graduate Certificate
☐ Diploma/Graduate Diploma
☐ Master's degree
☐ [   ] Other (please specify below)

How many years nursing experience do you have (to the nearest whole year)?

[   ]

How many years teaching/educational experience have you had (to the nearest whole year)?

2

What is your gender?

◯ Male
◯ Female
◯ Prefer not to say

To which age group do you belong?

◯ 18-24 years
◯ 25-34 years
◯ 35-44 years
◯ 45-54 years
◯ 55-years or older
◯ Prefer not to say

Part B: the Standards

B. OPINIONS ON THE AUSTRALIAN NURSE TEACHER PROFESSIONAL STANDARDS

Please indicate your level of agreement to the relevance of the statements below for ANY nursing educator (for example nurse educator, clinical educator, nursing academic, clinical facilitator) using the following scale.

1   Not relevant at all
2   Mostly irrelevant
3   Somewhat irrelevant
4   Unsure
5   Somewhat relevant
6   Mostly Relevant
7   Extremely relevant

Space is provided below each statement for comments.

3

We welcome suggestions for changes, such as rewording or addition/deletions.
The comment boxes will expand as required when writing.

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DOMAIN 1: TEACHING AND LEARNING

The core role of the educator is to facilitate learning. Educators may work in a variety of context tertiary educational facilities, hospitals, community. Learners may be students, clinical staff, clients or other staff members.

Standard 1.1: Plans quality learning experiences and programmes which support education and nursing practice

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
A Nursing Educator: Assesses needs of the individual learner in collaboration with the learner	○	○	○	○	○	○	○
Values diversity of learners	○	○	○	○	○	○	○
Acknowledges cultural factors affecting learning	○	○	○	○	○	○	○
Ensures that learner centred principles are applied	○	○	○	○	○	○	○
Considers current and future needs of stakeholders when planning programmes	○	○	○	○	○	○	○
Evaluates learning environment to support needs of the learner	○	○	○	○	○	○	○
	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)

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Any other comments or changes?

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Standard 1.2: Plans effective teaching strategies which facilitate learning

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extreme releva (7)
A Nursing Educator: Designs appropriate and realistic learning outcomes	○	○	○	○	○	○	○
Designs appropriate and realistic learning outcomes	○	○	○	○	○	○	○
Utilises a variety of teaching resources to support educational practice	○	○	○	○	○	○	○
Recognises workplace opportunities and constraints	○	○	○	○	○	○	○
Incorporates emerging information technology to enhance learning	○	○	○	○	○	○	○
Provides opportunities for co-learning	○	○	○	○	○	○	○
	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extreme releva (7)

6

Any other comments or changes?

7

Standard 1.3: Implements facilitation strategies to support learners

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
A Nursing Educator: Contributes to supporting a positive learning environment	◯	◯	◯	◯	◯	◯	◯
Teaches content which reflects current practice	◯	◯	◯	◯	◯	◯	◯
Applies evidence-based teaching practice	◯	◯	◯	◯	◯	◯	◯
Adapts to contextual environmental challenges in a flexible manner	◯	◯	◯	◯	◯	◯	◯
Motivates learners and demonstrates enthusiasm for teaching	◯	◯	◯	◯	◯	◯	◯
Acts in capacity of mentor, coach, role model	◯	◯	◯	◯	◯	◯	◯
Supervises nursing practice effectively within a clinical context	◯	◯	◯	◯	◯	◯	◯
Fosters critical thinking, reflective practice and problem-solving	◯	◯	◯	◯	◯	◯	◯
	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)

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Any other comments or changes?

Standard 1.4: Evaluates learning experiences and programmes in relation to learner needs and nursing outcomes

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
A Nursing Educator: Monitors progress of the learner in relation to planned learning outcomes	○	○	○	○	○	○	○
Utilises briefing and debriefing strategies on a continuum throughout the learning experience	○	○	○	○	○	○	○
Provides constructive and timely feedback to the learner	○	○	○	○	○	○	○
Provides opportunities and support for reflective practice	○	○	○	○	○	○	○
Facilitates engagement of learners in self-assessment of professional competencies.	○	○	○	○	○	○	○
Evaluates educational programmes in conjunction with stakeholders	○	○	○	○	○	○	○
Utilises valid and reliable measures for evaluation	○	○	○	○	○	○	○
Uses programme evaluation findings to ensure currency and applicability of programmes according to professional needs	○	○	○	○	○	○	○

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	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)

Any other comments or changes?

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DOMAIN 2: COMMUNICATION

Educators need to be effective communicators in all areas of educational practice.

Standard 2.1: Demonstrates effective communication and interpersonal skills at an advanced level

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extremely relevant (7)
A Nursing Educator: Respects and values learners, staff and patients in all aspects of communication	○	○	○	○	○	○	○
Develops teams and partnerships with health professionals and associated organisations	○	○	○	○	○	○	○
Fosters team relationships with health professionals within the organisational unit of practice	○	○	○	○	○	○	○
Uses formal and informal communication strategies to facilitate a trusting environment conducive to learning	○	○	○	○	○	○	○
Teaches and supervises informatics competencies related to their area of practice	○	○	○	○	○	○	○
Displays competence in use of technology for communication in all facets of their role as educators	○	○	○	○	○	○	○
Demonstrates health literacy in regards to their teaching and professional roles	○	○	○	○	○	○	○

Maintains currency of knowledge and usage of information technology programmes

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relevant to their role

○   ○   ○   ○   ○   ○   C

Utilises e-learning strategies to deliver
programmes and support learning

○   ○   ○   ○   ○   ○   C

| | Not relevant at all (1) | Mostly irrelevant (2) | Somewhat irrelevant (3) | Unsure (4) | Somewhat relevant (5) | Mostly relevant (6) | Extrem releva (7) |

Any other comments or changes?

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DOMAIN 3: PROFESSIONAL PRACTICE

Educators are required to demonstrate advanced professional practice competencies dependent on their context of educational practice.

Standard 3.1: Demonstrates advanced nursing knowledge and expertise in the context of teaching

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
A Nursing Educator: Engages in self-reflection and reflective practice in nursing and education practice	◯	◯	◯	◯	◯	◯	◯
Maintains a professional portfolio which demonstrates nursing and teaching competence in the area of practice	◯	◯	◯	◯	◯	◯	◯
Identifies and engages in professional development activities as required for education and nursing competence	◯	◯	◯	◯	◯	◯	◯
Fosters critical inquiry in self and others to develop, maintain and promote the discipline of nursing	◯	◯	◯	◯	◯	◯	◯
Demonstrates cultural competence in both educational and nursing practice	◯	◯	◯	◯	◯	◯	◯
Embodies the Nursing Code of Conduct and Ethics in all aspect of education and practice	◯	◯	◯	◯	◯	◯	◯
	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)

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Any other comments or changes?

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Standard 3.2: Displays management and leadership skills in shaping and implementing change

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
A Nursing Educator: Participates actively in professional organisations	○	○	○	○	○	○	○
Is cognisant of global trends in nursing education	○	○	○	○	○	○	○
Acts as a change agent in response to policies and procedures affecting nursing and educational practice.	○	○	○	○	○	○	○
Manages the organisation of learning experiences and programmes	○	○	○	○	○	○	○
Monitors resources required for educational programmes	○	○	○	○	○	○	○
Provides mentoring for clinical supervision where required	○	○	○	○	○	○	○
	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)

Any other comments or changes?

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Standard 3.3: Demonstrates a commitment to research and scholarship

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
A Nursing Educator: Shares knowledge and expertise within the wider nursing/allied health community	○	○	○	○	○	○	○
Participates in research activities	○	○	○	○	○	○	○
Models commitment to on-going learning	○	○	○	○	○	○	○
Demonstrates the ability to use deductive and inductive reasoning	○	○	○	○	○	○	○
	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)

Any other comments or changes?

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We value any other comments you have regarding the Australian professional standards for any nursing educator, such as changes to the structure of the Standards (for example domain number or Standard re-arrangement).

THANK YOU FOR YOUR PARTICIPATION

You will receive a second survey regarding the modified Standards after expert opinions have been reviewed and combined.

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Delphi Survey 2

The Survey

Thank you for consenting to participate in the EVOLUTIONS project to review the Australian Nurse Teacher Professional Practice Standards.

The consent you have sent, and completion of this survey, indicate your consent to use the de-identified responses in future publications and/or conference presentations.

Please click the arrow below to commence the **second and final** survey.

Part B: the Standards

A: OPINION ON CHANGE OF TITLE

Before commencing the questions about the Standards' statements we would appreciate your feedback on a proposed title change of the Standards.

There has been some discussion that the Standards may benefit in a change of name to emphasise the professional component of nursing education practice. The proposal is to change the title from the "Australian Nurse Teacher Professional Practice Standards" to the 'Australian Nursing Educator Professional Practice Standards'.

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Please indicate your level of agreement to the title change 'the Australian Nursing Educator Professional Practice Standards'

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Unsure (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)
The title change to the Standards should be 'the Australian Nursing Educator Professional Practice Standards'	○	○	○	○	○	○	○

We appreciate any comments you may have on the title change (text box below).

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B. OPINIONS ON THE AUSTRALIAN NURSE TEACHER PROFESSIONAL STANDARDS

Thank you for your previous comments in the first Delphi survey. We have modified and combined some of the Standards' statements from the first Delphi survey and focus groups.

Only those modified are presented below for your review.
Additions/changes to the original Standards are in red text.

Please indicate your level of agreement to the relevance of the statements below for ANY nursing educator (for example nurse educator, clinical educator, nursing academic, clinical facilitator) using the following scale.

1   Not relevant at all
2   Mostly irrelevant
3   Somewhat irrelevant
4   Unsure
5   Somewhat relevant
6   Mostly Relevant

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7   Extremely relevant

Space is provided below each statement for comments.

We welcome suggestions for changes, such as rewording or addition/deletions.

The comment boxes will expand as required when writing.

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DOMAIN 1: TEACHING AND LEARNING

The core role of the educator is to facilitate learning. Educators may work in a variety of context tertiary educational facilities, hospitals, community. Learners may be students, clinical staff, clients or other staff members.

Standard 1.1: Plans quality learning experiences and programs that support education and nursing practice

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
A Nursing Educator: Considers sustainability of the program	○	○	○	○	○	○	○

Any other comments or changes?

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Standard 1.2: Plans effective teaching strategies that facilitate learning

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
A Nursing Educator: Designs appropriate and realistic learning outcomes for the learner and program	○	○	○	○	○	○	○
Utilises a variety of teaching resources and techniques to support educational practice and engage the learner	○	○	○	○	○	○	○
Incorporates current and emerging information technology to enhance teaching and learning	○	○	○	○	○	○	○
Plans education programs/learning experiences based on adult learning principles	○	○	○	○	○	○	○
	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)

Any other comments or changes?

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Standard 1.3: Implements facilitation strategies to support learners

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
Adapts to educational environmental challenges in a flexible manner	◯	◯	◯	◯	◯	◯	◯

Any other comments or changes?

Standard 1.4: Evaluates learning experiences and programs in relation to learner needs and learning outcomes

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
A Nursing Educator: Uses program evaluation findings to ensure currency and applicability of programs according to learning and professional needs	◯	◯	◯	◯	◯	◯	◯
Evaluates barriers that prevent translation of knowledge into practice and strategies to overcome them	◯	◯	◯	◯	◯	◯	◯

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Any other comments or changes?

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DOMAIN 2: COMMUNICATION

Educators need to be effective communicators in all areas of educational practice.

Standard 2.1: Demonstrates effective communication and interpersonal skills at an advanced level

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
A Nursing Educator: Collaborates with and develops teams and partnerships with health professionals and associated organisations	◯	◯	◯	◯	◯	◯	◯
Uses formal and informal communication strategies to facilitate a trusting environment conducive to teaching and learning	◯	◯	◯	◯	◯	◯	◯
Teaches and supports informatics and IT competencies related to educational practice	◯	◯	◯	◯	◯	◯	◯
Demonstrates health and digital literacy regarding their teaching and professional roles	◯	◯	◯	◯	◯	◯	◯
	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)

Any other comments or changes?

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DOMAIN 3: PROFESSIONAL PRACTICE IN NURSING EDUCATION

Educators are required to demonstrate advanced professional practice competencies dependent on their context of educational practice.

Standard 3.1: Demonstrates knowledge and expertise in the context of teaching and learning

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
A Nursing Educator: Maintains a professional portfolio that demonstrates continual professional development in educational practice	○	○	○	○	○	○	○
Demonstrates cultural safety and sensitivity in educational practice	○	○	○	○	○	○	○
Demonstrates knowledge and expertise in teaching and educational practice	○	○	○	○	○	○	○
	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)

Any other comments or changes?

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Standard 3.2: Displays management and leadership skills in planning, managing and implementing change

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
Is cognisant of current global trends in nursing education	◯	◯	◯	◯	◯	◯	◯
Considers policies and procedures affecting educational practice in planning, managing and implementing change	◯	◯	◯	◯	◯	◯	◯
Selects and monitors resources required for learners and educational programs	◯	◯	◯	◯	◯	◯	◯
Is a role model for learners and provides mentoring where required	◯	◯	◯	◯	◯	◯	◯
Anticipates and prepares for a changing environment	◯	◯	◯	◯	◯	◯	◯
	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)

Any other comments or changes?

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Standard 3.3: Demonstrates a commitment to research and scholarship

	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extrem releva (7)
A Nursing Educator: Fosters critical inquiry in self and others	○	○	○	○	○	○	○
Uses research to inform educational practice	○	○	○	○	○	○	○

Any other comments or changes?

C: OPINIONS ON EXAMPLES / CUES FOR EACH STANDARD

We have included examples / cues for each Standard statement in the tables below.

We value any comments or feedback you have regarding the examples / cues for the modified Standard statements (changes given in red) and the value of including the examples / cues in the Standards' final document.

DOMAIN 1   TEACHING AND LEARNING

S1.1 Plans quality learning experiences and programs that support education and nursing practice

Please indicate in the text box below any comments or changes you suggest to the examples / cues given in the right-hand column.

1.1.1 Assesses needs of the individual learner in collaboration with the learner	• Has a flexible approach to identifying individual

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	learning needs • Develops and applying learner needs assessment processes. • Identifies the learning needs of the learner • Provides learner/s with a list of topics to prioritise (topics could relate to those identified within workplace as education priorities e.g. recognition of the deteriorating patient
1.1.2 Values diversity of learners	• Seeks information regarding the diversity of the individual learner/ group – designation (role & responsibilities); prior learning in topic area; workplace; cultural diversity. • Applies a wide definition of diversity, such as culture, ethnicity, religion, learning styles, neuro diversity and learners with a disability • Identifies and takes account of individual differences, such as learning styles (eg., visual or aural learners), culture (e.g., the 8 Aboriginal ways of learning) • Addresses the design and conduct of learning activities.
1.1.3 Acknowledges cultural factors affecting learning	• Identifies how cultural factors affect learning with reference to the peer-reviewed literature. • Incorporates cultural sensitivity, cultural safety (including your own culture), and cultural humility in teaching and learning, such as teaching plan, evaluation of learners and programs • Recognises a wide definition of culture, such as social environments (e.g., work, family) and cultural groups (e.g., nursing, ethnic groups)
1.1.4 Ensures that learner centred principles are applied	• Incorporates adult learning principles in program design and implementation including teaching / learning strategies and learner feedback
1.1.5 Considers current and future needs of stakeholders when planning programs	• Undertakes an educational needs assessment, such as a focus group of stakeholder representatives; by organisational strategic plan

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	needs; or divisional / unit business plan needs. • Plans programs to address needs identified by data from various sources such as risk management, the application of new knowledge, or and the use of new technology • Documents data sources in curriculum and or program plans.
1.1.6 Evaluates learning environment to support needs of the learner	• Undertakes an assessment of the clinical learning environment • Provides evidence of learning environment evaluation e.g. research project, quality improvement activity or documentation. • Considers program equity and accessibility incorporating safety into the evaluation of the learning environment
1.1.7 Considers sustainability of the program	• Adapts to changing needs over time, such as resources, learning needs, learning outcomes, knowledge/evidence, technologies • Considers environmental impact of the program • Incorporates equitable accessibility for learners in the program design

Comments / feedback can be given in the text box below.

S1-2 Plans effective teaching strategies that facilitate learning

Please indicate in the text box below any comments or changes you suggest to the examples / cues given in the right-hand column.

1.2.1 Designs appropriate and realistic learning outcomes for the learner and program	• Aligns learning outcomes with content. • Provides the learner/s with learning outcomes and content for planned learning activities. • Provides evidence of best practice in the strategies used in development of the program or activity.

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	• Incorporates the aims and level of the individual program in the design, such as Australian Qualification Framework level, learning outcomes (e.g., mandatory training, registration requirements, program accreditation) • Identifies and incorporating adult learning principles in the design of programs and activities
1.2.2 Plans education programs/learning experiences based on adult learning principles	• Identifies and incorporating adult learning principles in the planning of programs and activities • Plans programs and learning experiences that consider the needs of diverse learners and program or organisational goals
1.2.3 Utilises a variety of teaching resources and techniques to support educational practice and engage the learner	• Engages learners through active learning • Uses a variety of relevant and appropriate teaching resources and techniques to engage the learner. • Provides a rationale for the use of different resources and why they are applicable to specific situations / programs using evidence from the literature. Resources could include YouTube; simulation; brochure; anatomical model. Virtual Reality
1.2.4 Recognises learning opportunities and constraints	• Uses strategic/ business plans to identify opportunities and constraints to learning; e.g. organisational SWOT (Strengths, Opportunities, Weaknesses and Threats) analysis as well as staffing and budgetary constraints. • Adjusts to workplace constraints, such as providing online learning activities or modifying program length to minimise time away from patients in the clinical area. • Adapts learning plans and strategies in response to the changing environment
1.2.5 Incorporates current and emerging information technology to enhance teaching and learning	• Incorporates relevant current and emerging technologies such as Zoom, Teams, artificial intelligence, virtual reality. • Documents the use, and rationale for use, of IT

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	and digital technologies.
	• Takes into consideration staff organisational budget factors, such as the ability to release staff to attend face to face learning.
	• Considers what is the most effective method to convey the information for the individual learner
1.2.6 Provides opportunities for co-learning	• Incorporates strategies such as case study presentations, group work, article reviews, hypotheticals, and discussion.
	• Provides evidence of co-learning activity including activity/lesson plan, advertising of activity, rationale for activity and learner feedback and evaluation.

Comments / feedback can be given in the text box below.

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S1-3 Implements facilitation strategies to support learners

Please indicate in the text box below any comments or changes you suggest to the examples / cues given in the right-hand column.

1.3.1 Contributes to supporting a positive learning environment	• Ensures the learning environment is accessible.
	• Provides a safe and welcoming learning environment, such as non-judgemental attitude, use of active listening, expectations of learner and educator made explicit, and establishing professional boundaries
	• Addresses feedback from students, staff, peers and managers to enhance the learning environment.
	• Receives awards for a positive learning environment
1.3.2 Applies evidence-based teaching practice	• Uses learning and teaching theories/models as a basis for teaching

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	• Teaching / learning activities and content are evidence based; referenced to the literature and policies – internal/ external.
1.3.3 Adapts to educational environmental challenges in a flexible manner	• Adapts teaching and learning activities e.g. capability to present information via lecture online; face to face in small or large groups; • Uses technology appropriate to the situation or without the support of any technology at all such as through discussion, question and answer, quiz. • Is flexible and creative when considering available resources and learning environments, such as the clinical area, classroom, online
1.3.4 Motivates learners and demonstrates enthusiasm for teaching	• Receives feedback from peers, experts or learners via evaluation forms or reports, and email/s or messages from learners • Reflects on teaching and strategies subsequently adopted to improve teaching. • Provides evidence of strategies and behaviours that promote an environment conducive to motivate learning, such as respectful communication, enthusiasm, confidence, caring, integrity, flexibility.
1.3.5 Acts in capacity of mentor, coach, role model	• Mentors or coaches learners and novice educators where needed • Is a role model for learners and staff showing educational expertise and professional integrity
1.3.6 Fosters critical thinking, reflective practice and problem-solving	• Observes and documents change in the learners approach to addressing problems that arise • Fosters critical thinking, reflective practice and problem-solving through techniques such as questioning, challenging assumptions, reflective assignments, case study problems

Comments / feedback can be given in the text box below.

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S1-4 Evaluates learning experiences and programs in relation to learner needs and learning outcomes

Please indicate in the text box below any comments or changes you suggest to the examples / cues given in the right-hand column.

1.4.1 Monitors progress of the learner in relation to planned learning outcomes	• The use of individual learning contracts that are negotiated and updated. • Monitors planned and attained milestones for example, competency achievement. • Documents assessment grades of learners and feedback to learners. • Notes student and staff feedback. • Examines learner progress against short and long-term outcomes.
1.4.2 Utilises briefing and debriefing strategies on a continuum throughout the learning experience	• Utilises briefing and debriefing strategies throughout the learning experience, for example at the beginning and end of a teaching session
1.4.3 Provides constructive and timely feedback to the learner	• Ensures environment is safe for the provision of learning feedback, such as non-judgemental attitude and clear expectations of learners and educators made explicit • Considers learner well-being and the delivery of feedback • Provides documented evidence of constructive feedback for example, meeting notes and feedback from student feedback, peers, supervisors or managers
1.4.4 Provides opportunities and support for reflective practice	• Uses reflective practice as a learning strategy in activity of programs • Supervises or conducting a pilot project / study to reflect on practice, for example, quality improvement activity or change of practice project. • Provides reflective practice learning opportunities for example, in-service class, discussing feedback from peers and managers.
1.4.5 Facilitates engagement of learners in self-assessment of professional competencies.	• Provides opportunities for learners to review professional standards and competencies.

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	• Supports learners in the attainment of professional competencies, such as providing constructive feedback • Provides opportunities for learners to attain professional competencies. • Develops learning contracts with the learner that provide relevant and achievable learning goals. • Participates in peer review of learner performance.
1.4.6 Evaluates educational programs in conjunction with stakeholders	• Documents feedback from program reference group. • Uses a variety of objective evaluation strategies for example, surveys, focus groups, learner feedback, • Provides a program report incorporating responses from all stakeholders that identifies successes and opportunities for improvement or recommendations.
1.4.7 Utilises valid and reliable measures for evaluation	• Provides documented evidence of validated measures used in evaluation, such as competency assessment • Provides evidence of impact of education program for example, competencies achieved, successful quality projects, publications, decrease in number of related incidents/ adverse events. • Provides evidence of indirect validation of evaluation, for example, pre and post assessment of knowledge; increased competence amongst staff; qualitative survey identifying changes in staff knowledge; attitudes and skills.
1.4.8 Uses program evaluation findings to ensure currency and applicability of programs according to learning and professional needs	• Documents in program reports the evaluations of change/s required or made to the program along with the rationale for change/s. • Provides an ongoing program evaluation that is necessary for accreditation and quality improvement.

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	• Involves stakeholders to ensure the programs meet learner and professional needs
1.4.9 Identifies and evaluates barriers that prevent translation of knowledge into practice and initiate strategies to overcome them	• Provides documented evidence of barriers to knowledge translation • Identifies barriers to knowledge translation, such as lack of resources, attitudes • Identifies and implements strategies to overcome barriers to knowledge translation such as searching for evidence, adapting processes to apply new knowledge to local context. • Evaluates strategies implemented to overcome barriers to knowledge translation.

Comments / feedback can be given in the text box below.

DOMAIN 2   COMMUNICATION

S2-1 Demonstrates effective communication and interpersonal skills at an advanced level.

Please indicate in the text box below any comments or changes you suggest to the examples / cues given in the right-hand column.

| 2.1.1 Respects and values learners, staff and patients in all aspects of communication | • Interacts respectfully with learners, peers, supervisors and managers in a variety of situations.

• Is cognisant of differences in communication associated with diversity – culture, religion, gender, education, differences in power.

• Provides documentation of respectful interaction with others for example, feedback from learners, peers, supervisors and managers.

• Uses an ethical approach to interpersonal communication.

• Consistently communicates with veracity and |

	following the relevant professional Code of Ethics.
2.1.2 Collaborates with and develops teams and partnerships with health professionals and associated organisations	• Engages with other disciplines in the development and delivery of Interprofessional education. • Provides documentation that provides evidence of interprofessional collaboration, for example, meeting minutes, reports, presentations, publications. • Liaises with relevant staff/health professionals such as content experts, managers and staff.
2.1.3 Uses formal and informal communication strategies to facilitate a trusting environment conducive to teaching and learning	• Considers the cultural, physical and psychological safety of learners and staff. • Uses a variety of communication strategies, such as oral, written and electronic to facilitate teaching and learning. • Provides documented evidence of effective communication strategies in correspondence, emails, and feedback from learners, staff, peers, supervisors and managers.
2.1.4 Teaches and supports informatics and IT competencies related to educational practice	• Supports learners' knowledge skills and attitudes in Informatics (e.g., Telehealth, Telemedicine), and IT teaching platforms (e.g., learning management systems such as Blackboard or Moodle, mandatory training programs, Microsoft Teams). • Provides education program plans and evaluations to prospective learners and employers. • Acts on feedback from learners, staff, peers, supervisors and managers.
2.1.5 Displays competence in use of technology for communication in all facets of their role as educators	• Is competent in the use of educational technologies, such as learning management systems, Microsoft Teams, Zoom. • Uses teaching resources and active learning to engage the learner, for example, Kahoots, Mentimeter. • Provides documented evidence of competence in technology with educational qualifications, performance appraisal, Feedback from students, staff, management.

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2.1.6 Demonstrates health and digital literacy regarding their teaching and professional roles	• Undertake performance appraisal utilising current technologies, where relevant. • Uses feedback from self, learners, staff, peers and managers where relevant) to enhance digital learning and teaching practice. • Incorporates the Australian digital frameworks in learning and teaching such as, the Australian Digital Health Strategy.
2.1.7 Maintains currency of knowledge and use of information technology programs relevant to their role	• Provides documented evidence of currency and competence of information technology for example, performance appraisal, feedback from learners staff, peers, supervisors and managers, Feedback from students, staff, management • Is cognisant of the current knowledge and use of information technology
2.1.8 Utilises e-learning strategies to deliver programs and support learning	• Develops and implements e-learning strategies to deliver programs, for example blended learning. • Utilises e-learning strategies to support learning, for example computer-based learning, webinars

Comments / feedback can be given in the text box below.

DOMAIN 3 PROFESSIONAL PRACTICE IN NURSING EDUCATION:
S3-1 Demonstrates knowledge and expertise in the context of teaching and learning.

Please indicate in the comments below below any changes you have to the examples/cues given in the right-hand column.

3.1.1 Engages in self-reflection and reflective practice in educational practice	• Provides documented evidence of self-reflection for example, performance reviews, reflective journals, program changes, use of different strategies. • Is able to identify own philosophy of teaching and

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	learning. • Is able to identify personal attributes, skills, attitudes and learning needs related to educational practice.
3.1.2 Maintains a professional portfolio that demonstrates continuing professional development in educational practice	• Adds consistently to the professional portfolio with relevant evidence, such as attendance at seminars, conferences and workshops. • Provides evidence of the use of current and emerging. technologies in educational practice, such as Artificial Intelligence (AI), digital health, Virtual Reality (VR). • Documents changes to practice and rationales for the change.
3.1.3 Demonstrates cultural safety and sensitivity in educational practice	• Provides evidence of cultural safety and humility from performance reviews and feedback from learners, staff, peers, supervisors and managers. • Incorporates cultural safety and humility aspects in education program plans, program evaluations, and learning strategies. • Ensures educational practice reflects cultural safety and humility in knowledge skills and attitudes demonstrated in feedback.
3.1.4 Embodies the Nursing Code of Conduct and Ethics in all aspect of education and practice	• Conducts self in a professional manner and role modelling professional behaviours and attitudes. • Provides documented feedback from management / staff. • Interacts with integrity for example with learners and others. • Acts with integrity in the use of the knowledge base of the discipline. • Includes ethical aspects in the development, implementation and evaluation of educational programs and teaching sessions
3.1.5 Demonstrates knowledge and expertise in teaching and educational practice	• Provides a dynamic professional portfolio with relevant evidence, such as attendance at seminars, conferences, and workshops. • Provides a source of knowledge and resources for

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	learners and others • Demonstrates the use of current knowledge and expertise in program design and implementation, such as the use of adult learning principles, and evidence-based educational practice

Comments / feedback can be given in the text box below.

S3-2 Displays management and leadership skills in planning, managing and implementing change

Please indicate in the text box below any comments or changes you suggest to the examples / cues given in the right-hand column.

3.2.1 Participates actively in professional organisations	• Participates in organisational or professional organisations evidenced by documentation such as meeting minutes, for example, being an executive or committee member, or on an educational planning committee or implementation team. • Conducts professional development programs evidenced by meeting minutes or program highlighting your contribution.
3.2.2 Is cognisant of current global trends in nursing education	• Is an active member of professional organisations. • Provides alignment of program content with evidence using current practices, for example, the use of simulation, knowledge of Artificial Intelligence (AI) and emerging technologies.
3.2.3 Considers policies and procedures affecting educational practice in planning, managing and implementing change.	• Maintains currency of practice • Identifies and participates in the change required for example, volunteering to address issue, reviewing policy; education session to staff identifying change in policy or dissemination of policy change by other means (e.g., email, demonstration).

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3.2.4 Manages the organisation of learning experiences and program	• Providing program materials identifying your role e.g. course information or flyer. • Considers the financial costs and feasibility of programs and learning experiences • Manages the time, resources and program coordination necessary to be an effective teacher and program leader. • Advocates for quality teaching and learning, spaces, environments resources, and opportunities.
3.2.5 Selects, uses and monitors resources required for learners and educational programs	• Undertakes a needs assessment of the organisation and/or learners • Selects, uses and monitors resources required for learners and educational programs, such as computer access, simulation supplies • Advocates or seeks resources where needed, for example, applies for grants or funds to purchase additional resources. • Selects resources that are feasible and appropriate.
3.2.6 Presents as a role model to learners and provides mentoring where required	• Provides documented acknowledgement from learners, peers, supervisors and managers. • Mentors and coaches where required. • Is a role-model for learners and others, such as modelling educational skills, attitudes and behaviours.
3.2.7 Anticipates and prepares for a changing environment	• Is flexible in managing and leading change, such as being proactive in planning change, using a change model to guide change, and awareness of future educational or organisational change. • Publishes on the potential impact of the changing learning and teaching environment as well as practice.

Comments / feedback can be given in the text box below.

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S3-3 Demonstrates a commitment to research and scholarship

Please indicate in the text box below any comments or changes you suggest to the examples / cues given in the right-hand column.

3.3.1 Shares knowledge and expertise within the wider nursing/allied health community	• Participates in the dissemination of quality projects and research via conference presentations and publications in quality journals, commentary in professional publications. • Participates in professional forums as plenary/invited/ guest speaker evidenced by invitation and post function acknowledgement and/or publications. • Participates in the design of new educational systems and training.
3.3.2 Participates in research activities	• Participates in research activities, such as research proposals or grant applications, publications, conference attendance • Participates in andragogical scholarship, advancing methodologies in learning, publications. • Supports the implementation of research, such as data collection, implementation of evidence-based practice, evaluation of programs or quality improvement projects, liaising with research staff.
3.3.3 Models commitment to on-going learning	• Promotes education activities within and external to the organisation of interest highlighting the relevance to staff for example on notice boards, social media and agenda items on staff meeting minutes. • Self-identifying own learning needs and demonstrates how these have been addressed. • Provides documented evidence of on-going commitment such as performance review information. • Participates in professional development and

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	continual quality improvement.
3.3.4 Demonstrates the ability to use deductive and inductive reasoning	• Provides evidence of deductive reasoning for example, program development arising from needs assessment; and participating in research. • Provides evidence of inductive reasoning for example, evidence of nurse education activities influencing patient outcomes and participating in research.
3.3.5 Fosters critical inquiry in self and others	• Questions current practice. • Searches the literature to determine best practice as demonstrated by contributions to literature reviews, changing practice and requests to assist in changing practice. • Contributes to professional journals on current educational matters. • Participates in meeting / forum on educational matters. • Encourages and guides critical enquiry and learning in self and others.
3.3.6 Uses research to inform educational practice	• Incorporates current evidence-based research into educational practice. • Participates in developing new educational practices through research. • Ensures that teaching and learning is evidence-based, such as program design and teaching methods, and may include practice development.

Comments / feedback can be given in the text box below.

Do you think the examples / cues would be valuable for users of the Standards?

☐ Yes
☐ No
☐ Unsure

Do you think examples / cues should be presented with the next version of the Standards?

☐ Yes
☐ No
☐ Unsure

Any other comments or changes about the examples / cues?

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THANK YOU FOR YOUR PARTICIPATION

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Nursing Educator Survey

Review of the Australian Nurse Teacher Professional Competency
Standards (EVOLUTIONS)

Thank you for consenting to participate in a research study being conducted by a group of university and hospital nursing educators led by Dr Christine Taylor. The aim of this research project is to review the current Australian Nurse Teacher Professional Practice Standards (the 'Standards') by taking part in a focus group where you will be asked to comment on the relevance and feasibility of the Standards.

The Survey

This short survey aims to gather a few details about yourself so we can get a picture of those educators who attend the focus groups. In the survey we ask for your email address so we can send you the details for the focus group.

The consent you have sent, completion of this survey and participation in the focus group indicates your consent to use the de-identified responses in future publications and/or conference presentations.

Please click the arrow below to commence the survey.

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About yourself

In which type of health or educational facility do you predominantly teach?

○ Hospital
○ Community
○ TAFE
○ College
○ University
○ [   ] Other (please specify below)

What type of position do you hold for your main employment?

○ Manager/ Program Director
○ Academic
○ Nurse Educator
○ Clinical Nurse Educator
○ Clinical Facilitator
○ Clinical Nurse Consultant
○ [   ] Other (please specify below)

Please indicate the postcode of your main employer for whom you predominantly teach.

[   ]

45

What is your highest academic qualification?

- ◯ Bachelor's degree
- ◯ Post-Graduate Certificate
- ◯ Post-Graduate Diploma
- ◯ Master's degree
- ◯ PhD/Doctorate
- ◯ [   ] Other (please specify below)

Please indicate below any qualifications you have specialising in education (It does not have to be nursing). More than one response is allowed.

- ☐ I do not have qualifications specific to education or teaching
- ☐ Certificate IV in Training and Assessment
- ☐ Graduate Certificate
- ☐ Diploma/Graduate Diploma
- ☐ Master's degree
- ☐ [   ] Other (please specify below)

How many years nursing experience do you have (to the nearest whole year)?

[   ]

How many years teaching/educational experience have you had (to the nearest whole year)?

[   ]

46

What is your gender?

◯ Male

◯ Female

◯ Prefer not to say

To which age group do you belong?

◯ 18-24 years

◯ 25-34 years

◯ 35-44 years

◯ 45-54 years

◯ 55-years or older

◯ Prefer not to say

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Delphi Survey 1 - RESULTS

Date 11 oct 2023

Q1 - A. About yourself

In which type of health or educational facility do you predominantly teach?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A. About yourself	1	6	3.89	1.97	3.88	45

In which type of health or educational facility do you predominantly teach? - Selected Choice

#	Answer	%	Count
5	University	55.56%	25
3	TAFE	0.00%	0
6	Other (please specify below)	13.33%	6
1	Hospital	31.11%	14
2	Community	0.00%	0
4	College	0.00%	0
	Total	100%	45

Q1_6_TEXT - Other (please specify below)

Other (please specify below) - Text

Union

Private consultant

Custod
ial
Ausmed Education
Regional which includes hopitals, community and aged care
Rural and remote education

Q32 - Please write the name/title of the position/s you hold at your main place of employment.

Advanced Nurse Educator

nurse educator
Professional Officer (Education)

Director Nursing Education

Director of Educational Leadership
Assistant Director of Nursing- Education and Practice Development

Deputy Dean

Professor

Professor of Innovation and Simulation

Nurse Educator

Nurse Educator Professional Development

Nurse Educator

National Head of School

Program Coordinator, Nursing programs

Professor of Nursing and Head of School

Senior lecturer

Head of Clinical Governance

Head of School

Advanced Nurse Educator

Aged Care CNC (Education)

Professor, Associate Dean International and Engagement
Nursing Director - Workforce Development and Education Unit

Nurse Educator
Nurse Educator

Professor

Nursing Director Education and Research

Assoc Prof

Professor and Head of Programs Nursing and Midwifery

Professor, Deputy Dean

Clinical Nurse - Education

Nurse Manager, Nursing Education & Research

Dean

Professor Queensland University of Technology, School of Nursing

Assistant Associate Dean, Head of Discipline

Associate Dean Nursing

Associate Professor of Nursing

Executive Director, Education Services

Professor of Nursing and Head of School & Dean

Professor of nursing education

Associate Head Learning and Teaching

Nursing and Midwifery Director Education

Professor of Nursing

Head of School

Dean of Nursing

Head of School

Q3 - Please indicate the postcode of your main employer for whom you predominantly teach.

5000

2290

2017

3050

3000

7000

2116

4059

7000

2145

2032

2036

3065

4558

810

6163

3441

3842

5000

4215

2751

4006

4006

2200

3086

7307

2751

3011

5042

4032

2031

6050

4059

3083

6027

6150

4870

4

2050

2007

7000

4006

Sydney

6103

5005

2795

Q4 - What is your highest academic qualification?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your highest academic qualification? - Selected Choice	2	5	4.51	0.75	0.56	45

#	Answer	%	Count
1	Bachelor's degree	0.00%	0
2	Post-Graduate Certificate	4.44%	2
3	Post-Graduate Diploma	2.22%	1
4	Master's degree	31.11%	14
5	PhD/Doctorate	62.22%	28
6	Other (please specify below)	0.00%	0
	Total	100%	45

Q4_6_TEXT - Other (please specify below)

Q5 - Please indicate below any qualifications you have specialising in education (It does not have to be nursing). More than one response is allowed.

5

#	Answer	%	Count
1	I do not have qualifications specific to education or teaching	7.41%	4
2	Certificate IV in Training and Assessment	22.22%	12
3	Graduate Certificate	16.67%	9
4	Diploma/Graduate Diploma	12.96%	7
5	Master's degree	29.63%	16
6	Other (please specify below)	11.11%	6
	Total	100%	54

Q5_6_TEXT - Other (please specify below)

Other (please specify below) - Text

PhD on education in nursing

Overseas Tertiary Education Teacher Traning Program

cert of teaching and learning

Master's and Doctorate of Education

Bachelor's degree

Post Graduate Certificate IN the Education of Adults

Q7 - How many years nursing experience do you have (to the nearest whole year)?

15

37

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Q6 - How many years teaching/educational experience have you had (to the nearest whole year)?
10
17
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25
20
23
15
23
22
8

Q8 - What is your gender?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your gender?	1	2	1.93	0.25	0.06	45

#	Answer	%	Count
1	Male	6.67%	3
2	Female	93.33%	42
3	Prefer not to say	0.00%	0
	Total	100%	45

Q9 - To which age group do you belong?

9

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	To which age group do you belong?	2	5	4.38	0.9	0.81	45

#	Answer	%	Count
1	18-24 years	0.00%	0
2	25-34 years	6.67%	3
3	35-44 years	8.89%	4
4	45-54 years	24.44%	11
5	55-years or older	60.00%	27
6	Prefer not to say	0.00%	0
	Total	100%	45

Q11 - DOMAIN 1: TEACHING AND LEARNING: The core role of the educator is to facilitate learning. Educators may work in a variety of context tertiary educational Standard 1.1: Plans quality learning experiences and programmes which support education and nursing practice

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A Nursing Educator:Assesses needs of the individual learner in collaboration with the learner	4	7	6.74	0.58	0.34	42
2	Values diversity of learners	5	7	6.78	0.52	0.27	41
3	Acknowledges cultural factors affecting learning	6	7	6.71	0.45	0.2	42
4	Ensures that learner centred principles are applied	6	7	6.74	0.44	0.19	42
5	Considers current and future needs of stakeholders when planning programmes	4	7	6.6	0.66	0.43	42
6	Evaluates learning environment to support needs of the learner	4	7	6.51	0.77	0.59	41

10

#	Question	Not relevant at all (1)		Mostly irrelevant (2)		Somewhat irrelevant (3)		Unsure (4)		Somewhat relevant (5)		Mostly relevant (6)		Extremely relevant (7)		Total
1	A Nursing Educator: Assesses needs of the individual learner in collaboration with the learner	0.00%	0	0.00%	0	0.00%	0	2.38%	1	0.00%	0	19.05%	8	78.57%	33	42
2	Values diversity of learners	0.00%	0	0.00%	0	0.00%	0	0.00%	0	4.88%	2	12.20%	5	82.93%	34	41
3	Acknowledges cultural factors affecting learning	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	28.57%	12	71.43%	30	42
4	Ensures that learner centred principles are applied	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	26.19%	11	73.81%	31	42
5	Considers current and future needs of stakeholders when planning programmes	0.00%	0	0.00%	0	0.00%	0	2.38%	1	2.38%	1	28.57%	12	66.67%	28	42
6	Evaluates learning environment to support needs of the learner	0.00%	0	0.00%	0	0.00%	0	4.88%	2	2.44%	1	29.27%	12	63.41%	26	41

Q12 - Any other comments or changes?

Consider changing to: Plans learning experiences that address a professional practice gap or present an opportunity for improvement

The ability to plan quality learning is fundamental to any education role

no

Consider adding an inclusion of "Considers different learning styles when planning programs"

I would add contemporary and evidence-based

The context of each of these items is missing and the tool would benefit from such explanation.

Q13 - _____

Standard 1.2: Plans effective teaching strategies which facilitate learning

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A Nursing Educator: Designs appropriate and realistic learning outcomes	1	7	6.74	0.98	0.96	42
2	Designs appropriate and realistic learning outcomes	1	7	6.68	1.04	1.08	37

11

#	Question						
3	Utilises a variety of teaching resources to support educational practice	4	7	6.74	0.58	0.34	42
4	Recognises workplace opportunities and constraints	1	7	6.34	1.1	1.2	41
5	Incorporates emerging information technology to enhance learning	1	7	6.45	1	1.01	42
6	Provides opportunities for co-learning	1	7	5.95	1.38	1.9	42

#	Question	Not relevant at all (1)		Mostly irrelevant (2)		Somewhat irrelevant (3)		Unsure (4)		Somewhat relevant (5)		Mostly relevant (6)		Extremely relevant (7)		Total
1	A Nursing Educator: Designs appropriate and realistic learning outcomes	2.38%	1	0.00%	0	0.00%	0	0.00%	0	2.38%	1	7.14%	3	88.10%	37	42
2	Designs appropriate and realistic learning outcomes	2.70%	1	0.00%	0	0.00%	0	0.00%	0	2.70%	1	10.81%	4	83.78%	31	37
3	Utilises a variety of teaching resources to support educational practice	0.00%	0	0.00%	0	0.00%	0	2.38%	1	0.00%	0	19.05%	8	78.57%	33	42
4	Recognises workplace opportunities and constraints	2.44%	1	0.00%	0	0.00%	0	2.44%	1	4.88%	2	34.15%	14	56.10%	23	41
5	Incorporates emerging information technology to enhance learning	2.38%	1	0.00%	0	0.00%	0	0.00%	0	2.38%	1	35.71%	15	59.52%	25	42
6	Provides opportunities for co-learning	2.38%	1	2.38%	1	2.38%	1	4.76%	2	9.52%	4	35.71%	15	42.86%	18	42

Q14 - Any other comments or changes?

The effectiveness of this requires support of the educator by the organization and prioritization of time and resources to develop and deliver specific, relevant education.

n0

first two points in this survey are the same. Last dot point - perhaps additional information regarding who the co-learner may be, would be helpful in supporting understanding and inclusion in the individual educator's practice.

We need new ones here. Develops learning outcomes that reflect the level of education required (i.e AQF levels). Identifies relevant teaching strategies to engage learners. Monitors emerging technologies to identify relevance to teaching and learning, Measures the effectiveness of teaching strategies in achieving learning outcomes.

same
questi
on
repeat
ed? 1
& 2?

1.2.1 repeated. 1.2.2 plans education programs/learning
experiences based on adult learning principles missing
however I would consider this as extremely relevant.

Q15 - _____

Standard 1.3: Implements facilitation strategies to support learners

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A Nursing Educator: Contributes to supporting a positive learning environment	4	7	6.76	0.61	0.37	42
2	Teaches content which reflects current practice	3	7	6.67	0.86	0.75	42
3	Applies evidence-based teaching practice	1	7	6.74	0.98	0.96	42
4	Adapts to contextual environmental challenges in a flexible manner	4	7	6.43	0.76	0.58	42
5	Motivates learners and demonstrates enthusiasm for teaching	5	7	6.79	0.46	0.22	42
6	Acts in capacity of mentor, coach, role model	2	7	6.48	1.01	1.01	42
7	Supervises nursing practice effectively within a clinical context	2	7	6.32	1.05	1.09	41
8	Fosters critical thinking, reflective practice and problem-solving	6	7	6.9	0.29	0.09	42

#	Question	Not relevant at all (1)		Mostly irrelevant (2)		Somewhat irrelevant (3)		Unsure (4)		Somewhat relevant (5)		Mostly relevant (6)		Extremely relevant (7)		Total
1	A Nursing Educator: Contributes to supporting a positive learning environment	0.00%	0	0.00%	0	0.00%	0	2.38%	1	2.38%	1	11.90%	5	83.33%	35	42
2	Teaches content which reflects current practice	0.00%	0	0.00%	0	2.38%	1	2.38%	1	4.76%	2	7.14%	3	83.33%	35	42

13

#		1		2		3		4		5		6		7		Total
3	Applies evidence-based teaching practice	2.38%	1	0.00%	0	0.00%	0	0.00%	0	2.38%	1	7.14%	3	88.10%	37	42
4	Adapts to contextual environmental challenges in a flexible manner	0.00%	0	0.00%	0	0.00%	0	4.76%	2	2.38%	1	38.10%	16	54.76%	23	42
5	Motivates learners and demonstrates enthusiasm for teaching	0.00%	0	0.00%	0	0.00%	0	0.00%	0	2.38%	1	16.67%	7	80.95%	34	42
6	Acts in capacity of mentor, coach, role model	0.00%	0	2.38%	1	0.00%	0	2.38%	1	7.14%	3	19.05%	8	69.05%	29	42
7	Supervises nursing practice effectively within a clinical context	0.00%	0	2.44%	1	0.00%	0	4.88%	2	4.88%	2	31.71%	13	56.10%	23	41
8	Fosters critical thinking, reflective practice and problem-solving	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	9.52%	4	90.48%	38	42

Q16 - Any other comments or changes?

While teaching should reflect current practice it should aim to ensure the practices are evidenced based and support practice change accordingly

no

In the second point, perhaps replace current practice with evidence-based practice (which may be different to that which is currently practiced!).Second last point, there may not be opportunity or appropriate, or within the role of the individual educator, to provide this within the clinical context.
I am unsure how "Adapts to a contextual environment
challenges in a flexible manner" would be demonstrated, and
suggest that flexibility is inherent in a "positive learning
environment". Unless flexibility needs to be specified,
suggest removing. Suggest that "Supervises nursing practice
effectively in a clinical environment" does not apply to
educators teaching non-clinical content. So can only be
demonstrated in certain circumstances - clinical practicums,
clinical simulation. Should it be reworded to qualify the
statement?

i find this section dull and not reflective of what I understand facilitation to be about

Supervises where appropriate nursing practice effectively
within in a clinical context. Also sustainability is an important
concept to include in teaching practices for a global context

1.3.2 suggest 'Facilitate content which reflects current contemporary practice'

Q17 - _____

Standard 1.4: Evaluates learning experiences and programmes in relation to learner needs and nursing outcomes

14

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A Nursing Educator: Monitors progress of the learner in relation to planned learning outcomes	5	7	6.76	0.48	0.23	42
2	Utilises briefing and debriefing strategies on a continuum throughout the learning experience	4	7	6.24	0.9	0.82	41
3	Provides constructive and timely feedback to the learner	6	7	6.81	0.39	0.15	42
4	Provides opportunities and support for reflective practice	5	7	6.73	0.54	0.29	41
5	Facilitates engagement of learners in self-assessment of professional competencies.	5	7	6.63	0.62	0.38	40
6	Evaluates educational programmes in conjunction with stakeholders	4	7	6.51	0.7	0.49	41
7	Utilises valid and reliable measures for evaluation	5	7	6.63	0.57	0.33	41
8	Uses programme evaluation findings to ensure currency and applicability of programmes according to professional needs	4	7	6.55	0.86	0.75	40

#	Question	Not relevant at all (1)		Mostly irrelevant (2)		Somewhat irrelevant (3)		Unsure (4)		Somewhat relevant (5)		Mostly relevant (6)		Extremely relevant (7)		Total
1	A Nursing Educator: Monitors progress of the learner in relation to planned learning outcomes	0.00%	0	0.00%	0	0.00%	0	0.00%	0	2.38%	1	19.05%	8	78.57%	33	42
2	Utilises briefing and debriefing strategies on a continuum throughout the learning experience	0.00%	0	0.00%	0	0.00%	0	4.88%	2	17.07%	7	26.83%	11	51.22%	21	41
3	Provides constructive and timely feedback to the learner	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	19.05%	8	80.95%	34	42
4	Provides opportunities and support for reflective practice	0.00%	0	0.00%	0	0.00%	0	0.00%	0	4.88%	2	17.07%	7	78.05%	32	41
5	Facilitates engagement of learners in self-assessment of professional competencies.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	7.50%	3	22.50%	9	70.00%	28	40
6	Evaluates educational programmes in conjunction with stakeholders	0.00%	0	0.00%	0	0.00%	0	2.44%	1	4.88%	2	31.71%	13	60.98%	25	41
7	Utilises valid and reliable measures for evaluation	0.00%	0	0.00%	0	0.00%	0	0.00%	0	4.88%	2	26.83%	11	68.29%	28	41

15

#	Field														
8	Uses programme evaluation findings to ensure currency and applicability of programmes according to professional needs	0.00%	0	0.00%	0	0.00%	0	7.50%	3	2.50%	1	17.50%	7	72.50%	29	40

Q18 - Any other comments or changes?

Global best-practice focuses on evaluating, short and long-term learning outcomes, evaluating the presence of barriers to prevent translation of knowledge into practice and then re-evaluates longitudinally to identify if these translation challenegs were overcome

no

Last dot point, it may be worth considering the inclusion of not only professional needs but also industry; workforce; and community (end user) / stakeholder needs.

Suggest to include " provides different ways of learning learning to suit different learning styles"

the standard should measure to learning outcomes not nursing outcomes. The purpose of education is learning and nurses learn much that is not a nursing outcome.

Q19 - DOMAIN 2: COMMUNICATION

Educators need to be effective communicators in all areas of educational practice.

Standard 2.1: Demonstrates effective communication and interpersonal skills at an advanced level

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A Nursing Educator: Respects and values learners, staff and patients in all aspects of communication	4	7	6.83	0.54	0.29	41
2	Develops teams and partnerships with health professionals and associated organisations	3	7	6.1	0.93	0.87	41
3	Fosters team relationships with health professionals within the organisational unit of practice	3	7	6.12	1.02	1.03	41
4	Uses formal and informal communication strategies to facilitate a trusting environment conducive to learning	5	7	6.68	0.64	0.41	41
5	Teaches and supervises informatics competencies related to their area of practice	4	7	5.95	1.01	1.02	41
6	Displays competence in use of technology for communication in all facets of their role as educators	5	7	6.41	0.73	0.54	41

7	Demonstrates health literacy in regards to their teaching and professional roles	4	7	6.56	0.8	0.64	41
8	Maintains currency of knowledge and usage of information technology programmes relevant to their role	4	7	6.56	0.88	0.78	41
9	Utilises e-learning strategies to deliver programmes and support learning	4	7	6.24	0.88	0.77	41

#	Question	Not relevant at all (1)		Mostly irrelevant (2)		Somewhat irrelevant (3)		Unsure (4)		Somewhat relevant (5)		Mostly relevant (6)		Extremely relevant (7)		Total
1	A Nursing Educator:Respects and values learners, staff and patients in all aspects of communication	0.00%	0	0.00%	0	0.00%	0	2.44%	1	0.00%	0	9.76%	4	87.80%	36	41
2	Develops teams and partnerships with health professionals and associated organisations	0.00%	0	0.00%	0	2.44%	1	2.44%	1	17.07%	7	39.02%	16	39.02%	16	41
3	Fosters team relationships with health professionals within the organisational unit of practice	0.00%	0	0.00%	0	2.44%	1	4.88%	2	17.07%	7	29.27%	12	46.34%	19	41
4	Uses formal and informal communication strategies to facilitate a trusting environment conducive to learning	0.00%	0	0.00%	0	0.00%	0	0.00%	0	9.76%	4	12.20%	5	78.05%	32	41
5	Teaches and supervises informatics competencies related to their area of practice	0.00%	0	0.00%	0	0.00%	0	14.63%	6	9.76%	4	41.46%	17	34.15%	14	41
6	Displays competence in use of technology for communication in all facets of their role as educators	0.00%	0	0.00%	0	0.00%	0	0.00%	0	14.63%	6	29.27%	12	56.10%	23	41
7	Demonstrates health literacy in regards to their teaching and professional roles	0.00%	0	0.00%	0	0.00%	0	2.44%	1	12.20%	5	12.20%	5	73.17%	30	41
8	Maintains currency of knowledge and usage of information technology programmes relevant to their role	0.00%	0	0.00%	0	0.00%	0	4.88%	2	12.20%	5	4.88%	2	78.05%	32	41
9	Utilises e-learning strategies to deliver programmes and support learning	0.00%	0	0.00%	0	0.00%	0	4.88%	2	14.63%	6	31.71%	13	48.78%	20	41

Q20 - Any other comments or changes?

Any other comments or changes?

These are OK but don't really capture communication and its purpose. Maybe be more specific about collaboration rather than communication for this domain

Second and last points, currency of usage, and access to use or develop e-learning strategies / programs may be difficult if there are organisational constraints limiting or preventing use and/or purchase of these programs

I dont understand what is meant by "within the organisational unit of practice". Suggest this repeats the previous standard "Develops teams and partnerships with health professionals and associations".

Q21 - DOMAIN 3: PROFESSIONAL PRACTICE

Educators are required to demonstrate advanced professional practice competencies dependent on their context of educational practice.

Standard 3.1: Demonstrates advanced nursing knowledge and expertise in the context of teaching

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A Nursing Educator:Engages in self-reflection and reflective practice in nursing and education practice	3	7	6.78	0.68	0.46	41
2	Maintains a professional portfolio which demonstrates nursing and teaching competence in the area of practice	3	7	6.39	1.01	1.02	41
3	Identifies and engages in professional development activities as required for education and nursing competence	4	7	6.54	0.89	0.79	41
4	Fosters critical inquiry in self and others to develop, maintain and promote the discipline of nursing	5	7	6.71	0.55	0.3	41
5	Demonstrates cultural competence in both educational and nursing practice	4	7	6.73	0.66	0.44	41
6	Embodies the Nursing Code of Conduct and Ethics in all aspect of education and practice	1	7	6.68	1.22	1.48	41

#	Question	Not relevant at all (1)		Mostly irrelevant (2)		Somewhat irrelevant (3)		Unsure (4)		Somewhat relevant (5)		Mostly relevant (6)		Extremely relevant (7)		Total
1	A Nursing Educator: Engages in self-reflection and reflective practice in nursing and education practice	0.00%	0	0.00%	0	2.44%	1	0.00%	0	0.00%	0	12.20%	5	85.37%	35	41
2	Maintains a professional portfolio which demonstrates nursing and teaching competence in the area of practice	0.00%	0	0.00%	0	2.44%	1	4.88%	2	9.76%	4	17.07%	7	65.85%	27	41
3	Identifies and engages in professional development activities as required for education and nursing competence	0.00%	0	0.00%	0	0.00%	0	7.32%	3	4.88%	2	14.63%	6	73.17%	30	41

18

#	Field														
4	Fosters critical inquiry in self and others to develop, maintain and promote the discipline of nursing	0.00%	0	0.00%	0	0.00%	0	0.00%	0	4.88%	2	19.51%	8	75.61%	31	41
5	Demonstrates cultural competence in both educational and nursing practice	0.00%	0	0.00%	0	0.00%	0	2.44%	1	4.88%	2	9.76%	4	82.93%	34	41
6	Embodies the Nursing Code of Conduct and Ethics in all aspect of education and practice	2.44%	1	2.44%	1	0.00%	0	0.00%	0	2.44%	1	0.00%	0	92.68%	38	41

Q22 - Any other comments or changes?

no

Could we add something about pursuing the scholarship of teaching?

It seems this standard is concerned with current of practice but mixing nursing practice and educational practice only considers teaching with a clinical subject area. Supervising a PhD nursing project may be related to non clinical practice such as value based healthcare or perceptions of burnout in staff. This standard will not be relevant to that nurse educator. Suggest that "Identifies and engages in professional development activities ..." could be integrated into the previous statement about professional portfolio that demonstrates competence. Professional develop activities are integral to maintaining competence. Maintaining advanced nursing practice in all aspects of nursing is difficult to do and to maintain. Recommend advanced nursing practice in a particular area of nursing of which they are teaching. Also recommend the use of Cultural Safety as opposed to cultural competence. some of these are the inherent in the standards of practice and do not need to be replicated

It is not cultural competence that an educator needs to demonstrate but they need to have an awareness of cultural safety and cultural humility to understand how their own experiences influence the way they behave and how an educator may interact with other. Cultural competence is an outdated term

Q23 - _____

Standard 3.2: Displays management and leadership skills in shaping and implementing change

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A Nursing Educator: Participates actively in professional organisations	1	7	5.9	1.34	1.8	41
2	Is cognisant of global trends in nursing education	3	7	6.32	0.9	0.8	41
3	Acts as a change agent in response to policies and procedures affecting nursing and educational practice.	4	7	6.29	0.92	0.84	41
4	Manages the organisation of learning experiences and programmes	1	7	6.24	1.12	1.26	41
5	Monitors resources required for educational programmes	4	7	6.25	0.92	0.84	40
6	Provides mentoring for clinical supervision where required	1	7	6.24	1.12	1.26	41

19

#	Question	Not relevant at all (1)		Mostly irrelevant (2)		Somewhat irrelevant (3)		Unsure (4)		Somewhat relevant (5)		Mostly relevant (6)		Extremely relevant (7)		Total
1	A Nursing Educator:Participates actively in professional organisations	2.44%	1	0.00%	0	4.88%	2	2.44%	1	21.95%	9	24.39%	10	43.90%	18	41
2	Is cognisant of global trends in nursing education	0.00%	0	0.00%	0	2.44%	1	2.44%	1	7.32%	3	36.59%	15	51.22%	21	41
3	Acts as a change agent in response to policies and procedures affecting nursing and educational practice.	0.00%	0	0.00%	0	0.00%	0	4.88%	2	17.07%	7	21.95%	9	56.10%	23	41
4	Manages the organisation of learning experiences and programmes	2.44%	1	0.00%	0	0.00%	0	0.00%	0	17.07%	7	26.83%	11	53.66%	22	41
5	Monitors resources required for educational programmes	0.00%	0	0.00%	0	0.00%	0	7.50%	3	10.00%	4	32.50%	13	50.00%	20	40
6	Provides mentoring for clinical supervision where required	2.44%	1	0.00%	0	0.00%	0	4.88%	2	2.44%	1	41.46%	17	48.78%	20	41

Q24 - Any other comments or changes?

Not sure acting as a change agent should be essential as there are times when they are limited about what can be done.

In second last point, perhaps more is required thatn monitoring. Being part of the decision making for what resources are required; how they will be deployed and supporting replacement / upgrading plans is also part of the educators' role.
We need something here about Is able to negotiate to support implementation of evidence-based practice, Anticipates and prepares for a changing environment, Supports learners to navigate change in a positive way.
reword 'in shaping' ... perhaps change to planning, designing or leading

Q25 - _____

Standard 3.3: Demonstrates a commitment to research and scholarship

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A Nursing Educator:Shares knowledge and expertise within the wider nursing/allied health community	2	7	6.49	0.99	0.98	41
2	Participates in research activities	5	7	6.34	0.84	0.71	41
3	Models commitment to on-going learning	5	7	6.78	0.52	0.27	41

20

| 4 | Demonstrates the ability to use deductive and inductive reasoning | 1 | 7 | 6.56 | 1.04 | 1.08 | 41 |

#	Question	Not relevant at all (1)		Mostly irrelevant (2)		Somewhat irrelevant (3)		Unsure (4)		Somewhat relevant (5)		Mostly relevant (6)		Extremely relevant (7)		Total
1	A Nursing Educator: Shares knowledge and expertise within the wider nursing/allied health community	0.00%	0	2.44%	1	0.00%	0	2.44%	1	4.88%	2	21.95%	9	68.29%	28	41
2	Participates in research activities	0.00%	0	0.00%	0	0.00%	0	0.00%	0	24.39%	10	17.07%	7	58.54%	24	41
3	Models commitment to on-going learning	0.00%	0	0.00%	0	0.00%	0	0.00%	0	4.88%	2	12.20%	5	82.93%	34	41
4	Demonstrates the ability to use deductive and inductive reasoning	2.44%	1	0.00%	0	0.00%	0	0.00%	0	4.88%	2	19.51%	8	73.17%	30	41

Q26 - Any other comments or changes?

Any other comments or changes?

I think we could expect educators to lead scholarly practice around their teaching work. Something about continual quality improvement using research evidence on teaching techniques.

Actively engages in the scholarship of learning and teaching, Uses research and practice development to inform practice and teaching, Supports research and critical thinking in learners

interacts with the knowledge base of the discipline with integrity should be a component

this is a very narrow focus on research. I would suggest the need for more questions that focus on androgogical scholarship, advancing methodologies in learning, publications and knowledge sharing etc

Q27 - We value any other comments you have regarding the Australian professional standards for any nursing educator, such as changes to the structure of the Standards (for example domain number or Standard re-arrangement).

We value any other comments you have regarding the Australian professional standards for any nursing educator, such as changes to the structure of the Standards (for example domain number or Standard re-arrangement).

I know these were used by the WHO in the development of their core competency for nurse educators- how do you see this linking ongoing- if at all?

Although mostly all theses elements are important, it is dependent on the context in which educators work as to whether they are actually supported to maintain all the standards

No further comments. Keep up the good work.

Many thanks for the opportunity to be involved in this research study.

These are excellent tools upon which to build NE professional development. I appreciate being able to reflect about these standards. Great work!

Please use Australian spelling of program, not British programme

Recommend a standard relating to Culturally Safe teaching practices aligned with relavant NMBA and ANMAC standards.

21

definitions are important given the breadth of change / awareness in teaching practices across the workplace. not sure where it fits but closer connection between university and clinical teachers remains an opportunity to complement each.
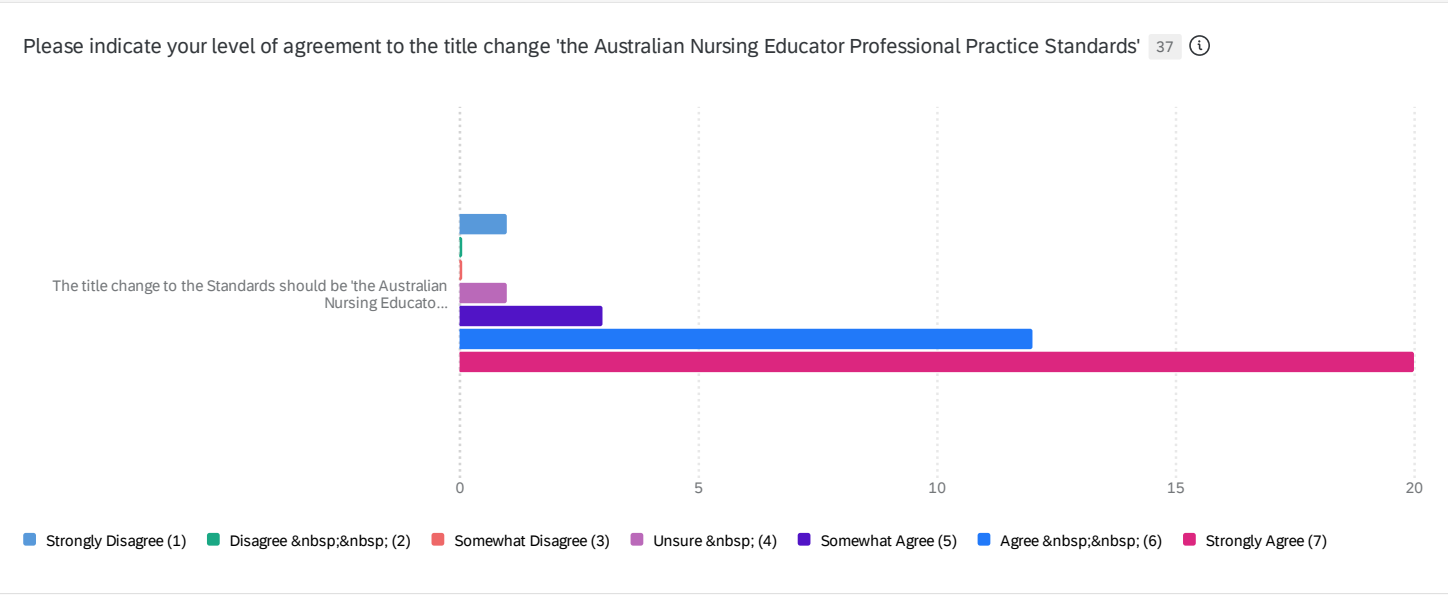
Delphi Survey 2- RESULTS

Please indicate your level of agreement to the title change 'the Australian Nursing Educator Professional Practice Standards' 37 ⓘ

■ Strongly Disagree (1) ■ Disagree   (2) ■ Somewhat Disagree (3) ■ Unsure   (4) ■ Somewhat Agree (5) ■ Agree   (6) ■ Strongly Agree (7)

Please indicate your level of agreement to the title change 'the Australian Nursing Educator Professional Practice Standards' 37 ⓘ

Please indicate your level of agreement to the title change 'the Australian...	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Unsure (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)
The title change to the Standards should be 'the Australian Nursing Educato...	1	0	0	1	3	12	20
Sum	1	0	0	1	3	12	20

Please indicate your level of agreement to the title change 'the Australian Nursing Educator Professional Practice Standards' 37 ⓘ

Please indicate your level of agreement to the title change 'the Australian...	Average	Minimum	Maximum	Count
The title change to the Standards should be 'the Australian Nursing Educato...	4.49	1.00	8.00	37

Suggest remove the "the" and call them Australian Nursing Educator Professional Practice Standards ANEPPS :)

I agree however I think Nurse Educator not Nursing Educator

Although the NMBA refers to standards, contemporary language in the nursing education space refers to "Capability Sets" and I would support adoption of this as part of the title.

The concept of educator is broader than teacher and is more relevant to industry and academic settings.

agree with the change as it highlights the professional nature of the profession

Nursing Educator: Australian Professional Practice Standards

Nurse Educator rather than nursing educator

Prefer: Australian Nurse Educator Professional Practice Standards

Does this mean the Acronym will change from ANTS?

Australian Nurse Educator Professional Practice Standards

I note that the term 'educator' is used in the survey so title should change to align.

DOMAIN 1: TEACHING AND LEARNING The core role of the educator is to facilitate learning. Educators may work in a variety of context tertiary educational facilities, hospitals, community. Learners may be students, clinical staff, clients or other staff members. Standard 1.1: Plans quality learning experiences and programs that support education and nursing practice 38 ⓘ

- 🟧 Not relevant at all (1) 🟩 Mostly irrelevant (2) 🟥 Somewhat irrelevant (3) 🟪 Unsure   (4) 🟦 Somewhat relevant   (5) 🟪 Mostly relevant   (6)
- 🟦 Extremely relevant   (7)

DOMAIN 1: TEACHING AND LEARNING The core role of the educator is to facilitate learning. Educators may work in a variety of context tertiary educational facilities, hospitals, community. Learners may be students, clinical staff, clients or other staff members. Standard 1.1: Plans quality learning experiences and programs that support education and nursing practice 38 ⓘ

DOMAIN 1: TEACHING AND LEARNING The core role of the educator is to facili...	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extremely relevant (7)
A Nursing Educator: Considers sustainability of the program	0	0	1	0	5	9	23
Sum	0	0	1	0	5	9	23

DOMAIN 1: TEACHING AND LEARNING The core role of the educator is to facilitate learning. Educators may work in a variety of context tertiary educational facilities, hospitals, community. Learners may be students, clinical staff, clients or other staff members. Standard 1.1: Plans quality learning experiences and programs that support education and nursing practice 38 ⓘ

DOMAIN 1: TEACHING AND LEARNING The core role of the educator is to facili...	Average	Minimum	Maximum	Count
A Nursing Educator: Considers sustainability of the program	6.39	3.00	7.00	38

71

Any other comments or changes? ⓘ

Depend on the type and purpose of the education innovation. Plans quality learning experiences and programs that supports NURSING education and nursing practice

Where I believe it is not so relevant is where time critical education is required - sustainability may be less important than delivery in an appropriate manner using all resources required.

the sustainability of a program of education should be consider within the scope of the educator's influence. if sustainability refers to any type of budget or resource issues then their influence may be low, perhaps the nursing educators considers sustainability in the scope of their delegation.

Rephrase to: that support sustainable education and nursing practice

I think the varying contexts of nurse educators means there is a scale where planning quality learning experiences is very variable. By this the planning at the higher educational context is much more complex and underpinned by theoretical pedagogy than the planning of a learning experience in the clinical context

The term program is not universally understood. A program may incorporate subjects or courses and be in teach out mode, It still deserves a quality offering. The standard is about quality but the statement does not address quality. Sustainability may be impacted by factors beyond learning design and not be within the remit of the educator

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Standard 1.2: Plans effective teaching strategies that facilitate learning 38 ⓘ
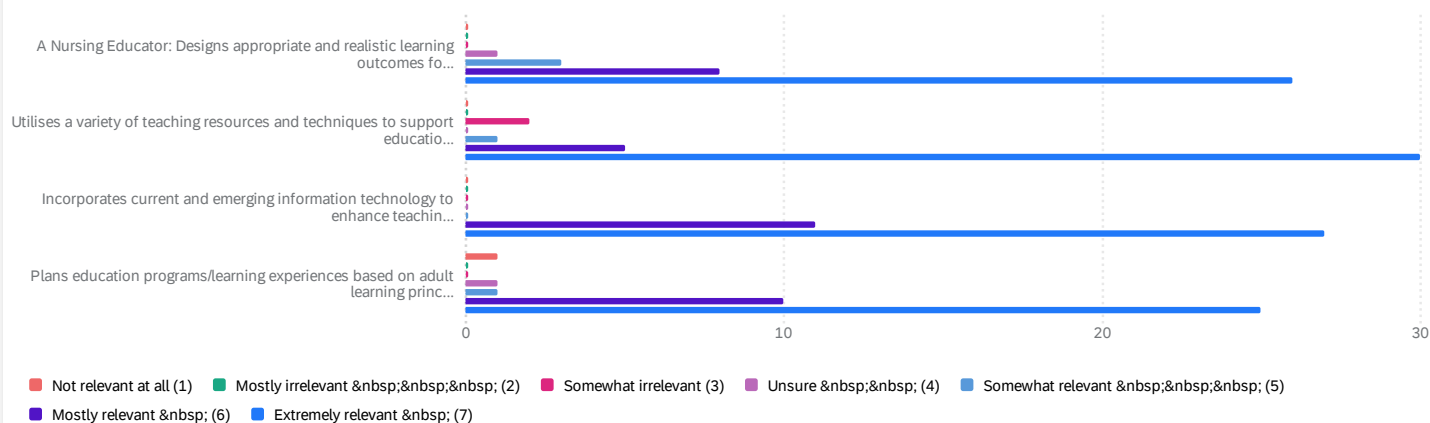
- ■ Not relevant at all (1) ■ Mostly irrelevant   (2) ■ Somewhat irrelevant (3) ■ Unsure   (4) ■ Somewhat relevant   (5)
- ■ Mostly relevant   (6) ■ Extremely relevant   (7)

Standard 1.2: Plans effective teaching strategies that facilitate learning 38 ⓘ

...	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevan (5
A Nursing Educator: Designs appropriate and realistic learning outcomes fo...	0	0	0	1	
Utilises a variety of teaching resources and techniques to support educatio...	0	0	2	0	
Incorporates current and emerging information technology to enhance teachin...	0	0	0	0	
Plans education programs/learning experiences based on adult learning princ...	1	0	0	1	
Sum	1	0	2	2	

strategies that facilitate learning 38 ⓘ

_____...	Average	Minimum	Maximum	Count
A Nursing Educator: Designs appropriate and realistic learning outcomes fo...	6.55	4.00	7.00	38
Utilises a variety of teaching resources and techniques to support educatio...	6.61	3.00	7.00	38
Incorporates current and emerging information technology to enhance teachin...	6.71	6.00	7.00	38
Plans education programs/learning experiences based on adult learning princ...	6.45	1.00	7.00	38

The 4 indicators under this domain are good.

defining adult learning experiences seems a little out dated. I would have thought based on the professional standards of practice for nurses would be more relevant

strategies to support learners 38 ⓘ
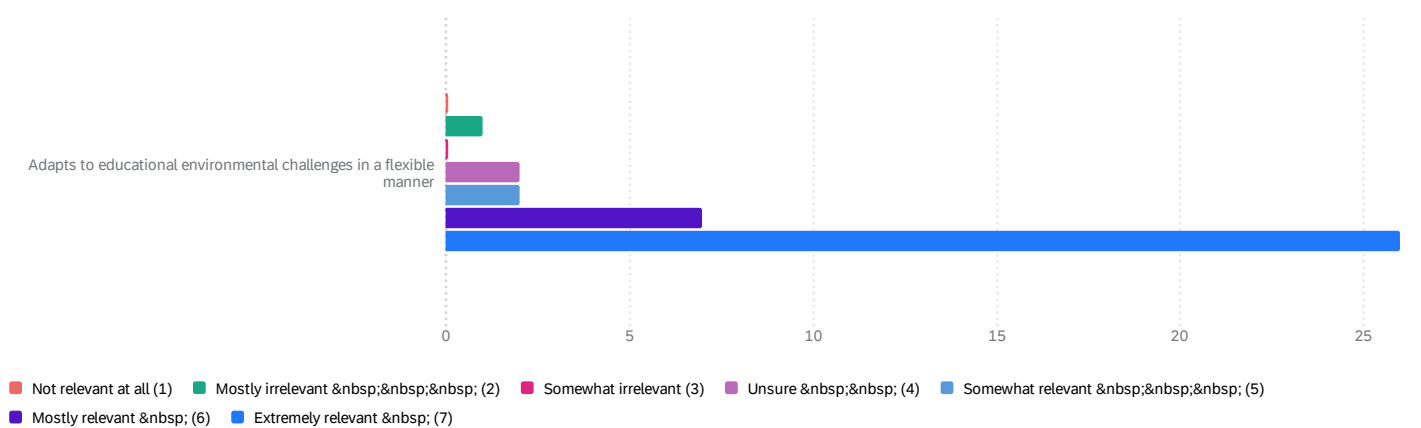
■ Not relevant at all (1) ■ Mostly irrelevant   (2) ■ Somewhat irrelevant (3) ■ Unsure   (4) ■ Somewhat relevant   (5)
■ Mostly relevant   (6) ■ Extremely relevant   (7)

strategies to support learners 38 ⓘ

_____...	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5
Adapts to educational environmental challenges in a flexible manner	0	1	0	2	
Sum	0	1	0	2	

_____ Standard 1.3: Implements facilitation
strategies to support learners 38 ⓘ

_____ ...	Average	Minimum	Maximum	Count
Adapts to educational environmental challenges in a flexible manner	6.42	2.00	7.00	38

It may also be the workplace environment which needs to be considered similarly.

as above, this may be resource dependent and challenging for the educator who doesn't have flexibility or scope to change,

New wording suggested to better clarify the indicator.

I am unsure if this is just the educational environment. I would have thought 'the environment whereby learning is to be delivered' is clearer

A bit vaguely worded

_____ Standard 1.4: Evaluates learning
experiences and programs in relation to learner needs and learning outcomes 37 ⓘ

- 🟥 Not relevant at all (1) 🟩 Mostly irrelevant   (2) 🟪 Somewhat irrelevant (3) 🟪 Unsure   (4) 🟦 Somewhat relevant   (5)
- 🟪 Mostly relevant   (6) 🟦 Extremely relevant   (7)

_____ Standard 1.4: Evaluates learning
experiences and programs in relation to learner needs and learning outcomes 37 ⓘ

_____ ...	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevan (5
A Nursing Educator: Uses program evaluation findings to ensure currency an...	0	1	2	0	
Evaluates barriers that prevent translation of knowledge into practice and...	2	1	0	3	
Sum	2	2	2	3	

_____ Standard 1.4: Evaluates learning
experiences and programs in relation to learner needs and learning outcomes 37 ⓘ

_____ ...	Average	Minimum	Maximum	Count
A Nursing Educator: Uses program evaluation findings to ensure currency an...	6.46	2.00	7.00	37

74

...___...	Average	Minimum	Maximum	Count
Evaluates barriers that prevent translation of knowledge into practice and...	6.08	1.00	7.00	37

Very glad to see the last one included

The nurse educator should also take into consideration patient and organizational needs.

Fabulous this is really great to see

Second cue: Perhaps include a word such as "design" or "identify" immediately prior to ...strategies to overcome them.

Program evaluation would not be used necessarily by all educators. This is very complex maybe 'Uses current evidence of educational evaluation to ensure currency ......

DOMAIN 2: COMMUNICATION Educators need to be effective communicators in all areas of educational practice. Standard 2.1: Demonstrates effective communication and interpersonal skills at an advanced level 38 ⓘ

- Not relevant at all (1) - Mostly irrelevant   (2) - Somewhat irrelevant (3) - Unsure   (4) - Somewhat relevant   (5)
- Mostly relevant   (6) - Extremely relevant   (7)

DOMAIN 2: COMMUNICATION Educators need to be effective communicators in all areas of educational practice. Standard 2.1: Demonstrates effective communication and interpersonal skills at an advanced level 38 ⓘ

DOMAIN 2: COMMUNICATION Educators need to be effective communicators in al...	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extremely relevant (7)
A Nursing Educator: Collaborates with and develops teams and partnerships...	1	0	0	0	2	10	25
Uses formal and informal communication strategies to facilitate a trusting...	0	0	0	0	1	3	34
Teaches and supports informatics and IT competencies related to educational...	1	0	1	2	4	10	20

DOMAIN 2: COMMUNICATION Educators need to be effective communicators in al...	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extremely relevant (7)
Demonstrates health and digital literacy regarding their teaching and profe...	1	0	0	3	0	9	23
Sum	3	0	1	5	7	32	102

DOMAIN 2: COMMUNICATION Educators need to be effective communicators in all areas of educational practice. Standard 2.1: Demonstrates effective communication and interpersonal skills at an advanced level 38 ⓘ

DOMAIN 2: COMMUNICATION Educators need to be effective communicators in al...	Average	Minimum	Maximum	Count
A Nursing Educator: Collaborates with and develops teams and partnerships...	6.47	1.00	7.00	38
Uses formal and informal communication strategies to facilitate a trusting...	6.87	5.00	7.00	38
Teaches and supports informatics and IT competencies related to educational...	6.11	1.00	7.00	38
Demonstrates health and digital literacy regarding their teaching and profe...	6.33	1.00	7.00	36

Excellent

I wonder if given the huge changes in digital technology and its importance in the role of hte educator it should be a stand alone capability.

In the context that the title of the standards is proposed to change, it may also be relevant to change the wording within some of the cues from teaching to education / educating.

the standard needs to define what an advanced level is

DOMAIN 3: PROFESSIONAL PRACTICE IN NURSING EDUCATION Educators are required to demonstrate advanced professional practice competencies dependent on their context of educational practice. Standard 3.1: Demonstrates knowledge and expertise in the context of teaching and learning 38 ⓘ

■ Not relevant at all (1)　■ Mostly irrelevant   (2)　■ Somewhat irrelevant (3)　■ Unsure   (4)　■ Somewhat relevant   (5)
■ Mostly relevant   (6)　■ Extremely relevant   (7)

DOMAIN 3: PROFESSIONAL PRACTICE IN NURSING EDUCATION Educators are required to demonstrate advanced professional practice competencies dependent on their context of educational practice. Standard 3.1: Demonstrates knowledge and expertise in the context of teaching and learning 38 ⓘ

DOMAIN 3: PROFESSIONAL PRACTICE IN NURSING EDUCATION Educators are requir...	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)	Mostly relevant (6)	Extremely relevant (7)
A Nursing Educator: Maintains a professional portfolio that demonstrates c...	1	0	1	0	3	5	28
Demonstrates knowledge and expertise in teaching and educational practice	1	0	0	0	2	5	30
Demonstrates cultural safety and sensitivity in educational practice	0	0	0	2	2	4	30
Sum	2	0	1	2	7	14	88

DOMAIN 3: PROFESSIONAL PRACTICE IN NURSING EDUCATION Educators are required to demonstrate advanced professional practice competencies dependent on their context of educational practice. Standard 3.1: Demonstrates knowledge and expertise in the context of teaching and learning 38 ⓘ

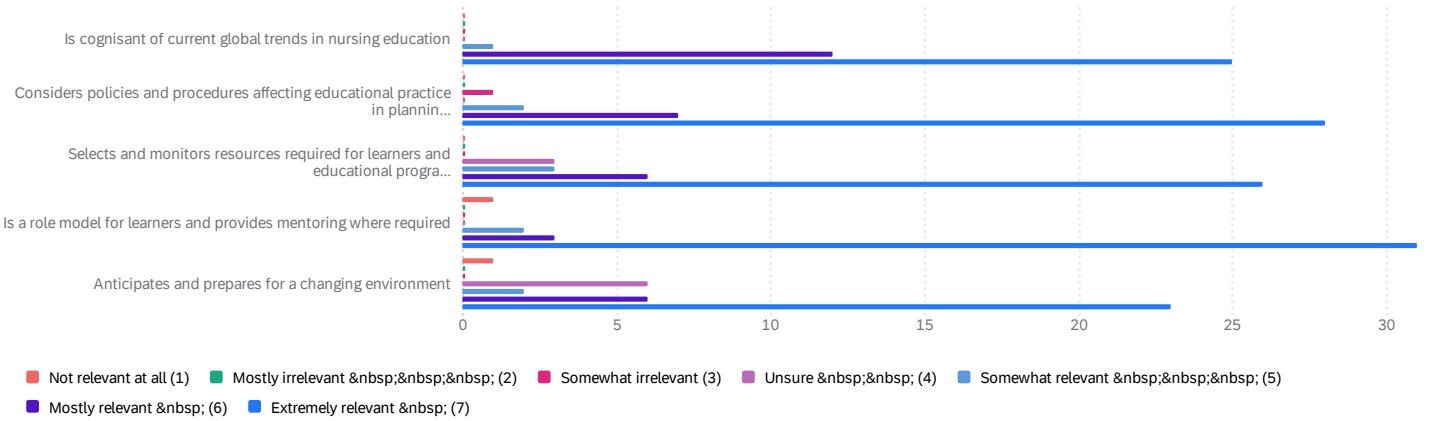| DOMAIN 3: PROFESSIONAL PRACTICE IN NURSING EDUCATION Educators are requir...	Average	Minimum	Maximum	Count
A Nursing Educator: Maintains a professional portfolio that demonstrates c...	6.45	1.00	7.00	38
Demonstrates knowledge and expertise in teaching and educational practice	6.61	1.00	7.00	38
Demonstrates cultural safety and sensitivity in educational practice	6.63	4.00	7.00	38

Any other comments or changes? ⓘ

Nurse educators should hold post graduate qualifications.

Perhaps the standard could be changed from "teaching and learning" to "education and learning".

I think learning should replace teaching

_____ Standard 3.2: Displays management and

leadership skills in planning, managing and implementing change 38 ⓘ

- Not relevant at all (1)
- Mostly irrelevant   (2)
- Somewhat irrelevant (3)
- Unsure   (4)
- Somewhat relevant   (5)
- Mostly relevant   (6)
- Extremely relevant   (7)

_____ Standard 3.2: Displays management and

leadership skills in planning, managing and implementing change 38 ⓘ

...	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevant (5)
Is cognisant of current global trends in nursing education	0	0	0	0	
Considers policies and procedures affecting educational practice in plannin...	0	0	1	0	
Selects and monitors resources required for learners and educational progra...	0	0	0	3	
Is a role model for learners and provides mentoring where required	1	0	0	0	
Anticipates and prepares for a changing environment	1	0	0	6	
Sum	2	0	1	9	1

_____ Standard 3.2: Displays management and

leadership skills in planning, managing and implementing change 38 ⓘ

| ...	Average	Minimum	Maximum	Count
Is cognisant of current global trends in nursing education	6.63	5.00	7.00	38
Considers policies and procedures affecting educational practice in plannin...	6.61	3.00	7.00	38
Selects and monitors resources required for learners and educational progra...	6.45	4.00	7.00	38
Is a role model for learners and provides mentoring where required	6.65	1.00	7.00	37
Anticipates and prepares for a changing environment	6.11	1.00	7.00	38

Any other comments or changes? ⓘ

Perhaps also include the evaluation of change to complete the improvement cycle.(Standard statement) Perhaps also include emergent trends.(1st cue) Perhaps include evaluation (2nd cue) Am unsure of what "monitoring resources" means (3rd cue)

unsure of wording 'anticipates and prepares for a changing environment' is that referring to health environment or teaching environment.

I hate the term 'managing change'! people are not widgets that can be managed and moved around. Why the need to add this additional text - it is not possible to implement change without thinking about the steps and processes. It is completely unnecessary and flies in the face of transformative intent.

What about evaluating change?
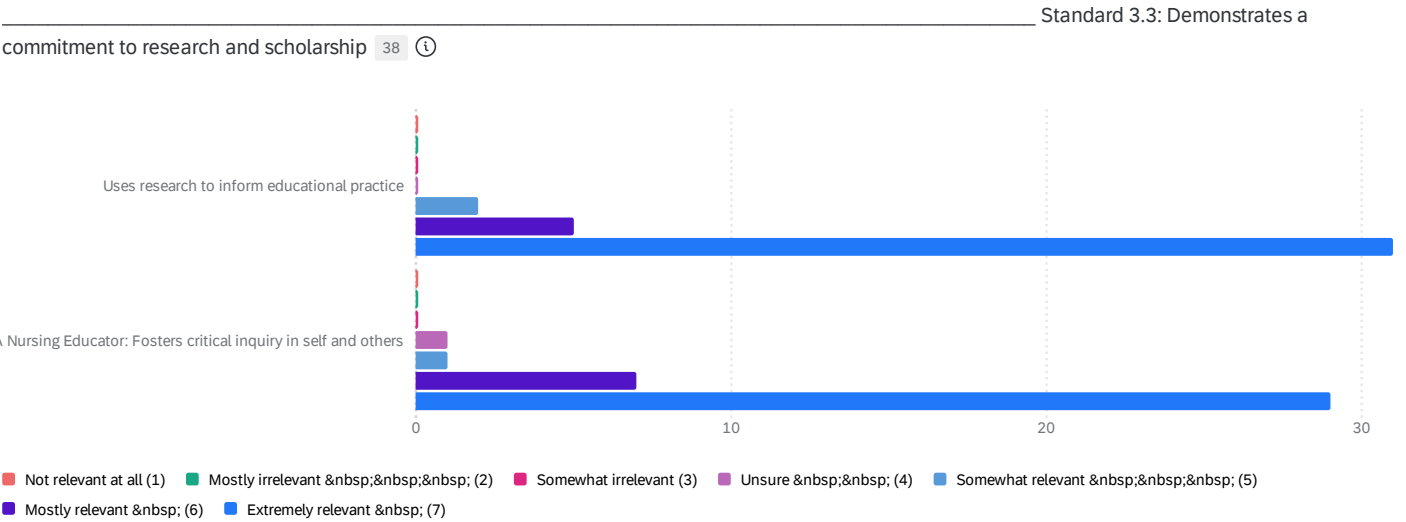
Standard 3.3: Demonstrates a commitment to research and scholarship 38 ⓘ

- 🟧 Not relevant at all (1) 🟩 Mostly irrelevant   (2) 🟥 Somewhat irrelevant (3) 🟪 Unsure   (4) 🟦 Somewhat relevant   (5)
- 🟦 Mostly relevant   (6) 🟦 Extremely relevant   (7)

Standard 3.3: Demonstrates a commitment to research and scholarship 38 ⓘ

...	Not relevant at all (1)	Mostly irrelevant (2)	Somewhat irrelevant (3)	Unsure (4)	Somewhat relevan (5
Uses research to inform educational practice	0	0	0	0	
A Nursing Educator: Fosters critical inquiry in self and others	0	0	0	1	
Sum	0	0	0	1	

Standard 3.3: Demonstrates a commitment to research and scholarship 38 ⓘ

...	Average	Minimum	Maximum	Count
Uses research to inform educational practice	6.76	5.00	7.00	38
A Nursing Educator: Fosters critical inquiry in self and others	6.68	4.00	7.00	38

Both absolutely required

Educators should be involved in scholarship of teaching and learning.

please add - Participates in the scholarship of teaching and learning also, Participates in research

Have the ANMAC Program Accreditation standards or NMBA practice standards been considered in the refresh of the standards?

Good addition

1.1.1. Propose to use "applies" rather than "applying". 1.1.5 Propose changing "or and" to "and/or" 1.1.6 Why is this limited to the clinical learning environment? Could it be expanded to learning environment? 1.1.7 Propose changing "accessibility" to "access".

1.1.1 applies instead of applying

Do we need to be more explicit about the use of Artificial Intelligence, not just 'technologies'?

1.1.6 This should read- Evaluates the learning environment to support the needs of the learner 1.1.7 This should read- Considers the sustainability of the program

1: 1.1.1 " Assesses individual learning needs"? 2: Should 1.1.3 be included in 1.1.2? Combine?

agree

1.1.4 Ensures that learner centred principles are applied • Incorporates person centred principles

1.1.7: Sustainability could also consider building capability of nursing educators (succession planning) i.e. sustainability of the human resources. 1.1.7: Would the first statement around 'Adapting to changing needs ...' be sufficiently broad to cover changing assessment policies/approaches in response to the threat AI poses to academic integrity?

1.1 bullet point 2 develops and applies learner needs assessment processes.

1.1.1. The cues are repetitive and prescriptive rather than facilitative. Point 1 assists and inspires the learner to identify...2.& 3 undertakes learning needs analysis as required 4. this ignores the learner having agency and the need to identify their own development through reflection and according to individual needs. Too prescriptive and one size fits all. 1.1.2 statement 1, this essentialises culture as if all members of a group share the same characteristics rather than being informed by a intersectional approach, statement 2 this is a standard definition of diversity which includes all identity characteristics, 3. unclear what takes account means, 4. must include assessment as well 1.1.3 need to recognise the individual and their intersectional position rather than operate from a stereotypes view of the group 1.1.4 learner centredness needs to mention active and engaged 1.1.6 1 unclear what this assessment entails, 2 where is this evidence documented and what is the purpose and who is the sudience, 3. do not understand the three linked concepts in this statement equity and accessibility and their relationship to safety needs to be more explicit, do you mean psychological safety, physical safety or cultural safety or all?

1.1.1 - 'applies' not 'applying'. Bullet point 4 not appropriate at all 1.1.2 - bullet points do not evaluate this at all well 1.1.3 - bullet point 2 - remove 'your' 1.1.4 - this is not only about program design 1.1.5 - and/or

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1.1.1 Understands the changing nature of an individual or teams learning needs. 1.1.5 continues to evaluate programs to ensure relevance of current and future learning needs

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1.2.1 Propose changing "incorporating" to "incorporates" 1.2.2 As per 1.2.1; 1.2.5. consider changing the cue wording of "teaching" to "education";

Could include- Provides opportunity for interprofressional learning

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1.2.1: Should include the NSQHS standars under "incoperates the aims and levels of..."

1.2.1 - I am so disappointed to see this language. So educators design learning outcomes FOR learners. What a hierarchic and controlling approach to education. Perhaps educators could facilitate learners determining their own desired learning outcomes - that would be radical! 1.2.3 - I've already commented on the use of the 'techniques' language

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Identifies and incorporating adult learning principles in the design of programs and activities - should be 'Identifes and incorporates ......I'm not sure SWOT fits with the educator role

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1.1.2 - aligns learning outcomes with assessment, content and learning experiences

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All good. Nothing to add here.

1.2.1 point 1 learning outcomes are set first and content aligned to these not the other way around as documented.point 3 who is the evidence provided to? what is the purpose of sharing this? 1.2.2 point 1 typo.1.2.3 who is the rationale provided to? resources should avoid specific platform names and instead be described as videos rather than YouTube which is a trademarked entity. 1.2.4 mode of delivery should be identified in learning design and developed with flexible alternatives rather than as written it sounds as if a a F2F offering would be delivered online if the clinical area is busy implying design that is not fit for purpose, Im sure this is not what is meant so needs editing.1.2.5 avoid using brand names as this will date the exemplars when the technology is replaced, point 2 who is the documentation for? 1.2.6 what is co-learning? do you mean peer learning?

Clear and succinct. Highly relevant.

1.2.1 - implies there is only one learner at any one time. Throughout, should refer to 'learners'. Bullet point 4 - Qualifications, not Qualification. Bullet point 5 - 'incorporates' not 'incorporating'; 1.2.2 - Bullet point 1 - 'incorporates' not 'incorporating';

1.2.1 provides opportunities or examples for translation to practice to ensure relevancy.

1.3.1 Propose changing "establishing" to "establishes";1.3.4. Propose changing "adopted" to "adapted"; 1.3.5. Consider changing "where needed" to "where appropriate", as this broadens the access to all, rather than limited to those considered to "need" this.; 1.3.6 Consider changing "addressing" to "address"

1.2.1 Uses

1.3.2, should include "improves information literacy skills through learning activities?

Uses technology appropriate to the situation or without the support of any technology at all such as through discussion, question and answer, quiz. - maybe read as 'Where relevant uses technology to support discussion, question and answer, quiz'

1.3.1: Suggest adding something around scaffolding learning/assessments to provide opportunities to build students' academic skills through constructive feedback and combinations of formative and summative assessment. Many nurses come back to study some time after their initial degree and need to gain confidence and skills to promote engagement with learning and course completion.

1.3.1 acknowledges positive feedback is probably more appropriate than receives awards. 1.3.3 adapts techniques is written as if all are interchangeable. Should be designs content to be delivered via the most appropriate method.1.3.4 consider invites feedback through formal and informal mechanisms from all stakeholders 1.3.6 documents where?

Clear and succinct and again relevant

S1-4 Evaluates learning experiences and programs in relation to learner needs and learning outcomes Please indicate in the text box below any comments or changes you suggest to the examples / cues given in the right-hand column. 1.4.1 Monitors progress of the learner in relation to planned learning outcomes • The use of individual learning contracts that are negotiated and updated. • Monitors planned and attained milestones for example, competency achievement. • Documents assessment grades of learners and feedback to learners. • Notes student and staff feedback. • Examines learner progress against short and long-term outcomes. 1.4.2 Utilises briefing and debriefing strategies on a continuum throughout the learning experience • Utilises briefing and debriefing strategies throughout the learning experience, for example at the beginning and end of a teaching session 1.4.3 Provides constructive and timely feedback to the learner • Ensures environment is safe for the provision of learning feedback, such as non-judgemental attitude and clear expectations of learners and educators made explicit • Considers learner well-being and the delivery of feedback • Provides documented evidence of constructive feedback for example, meeting notes and feedback from student feedback, peers, supervisors or managers 1.4.4 Provides opportunities and support for reflective practice • Uses reflective practice as a learning strategy in activity of programs • Supervises or conducting a pilot project / study to reflect on practice, for example, quality improvement activity or change of practice project. • Provides reflective practice learning opportunities for example, in-service class, discussing feedback from peers and managers. 1.4.5 Facilitates engagement of learners in self-assessment of professional competencies. • Provides opportunities for learners to review professional standards and competencies. • Supports learners in the attainment of professional competencies, such as providing constructive feedback • Provides opportunities for learners to attain professional competencies. • Develops learning contracts with the learner that provide relevant and achievable learning goals. • Participates in peer review of learner performance. 1.4.6 Evaluates educational programs in conjunction with stakeholders • Documents feedback from program reference group. • Uses a variety of objective evaluation strategies for example, surveys, focus groups, learner feedback, • Provides a program report incorporating responses from all stakeholders that identifies successes and opportunities for improvement or recommendations. 1.4.7 Utilises valid and reliable measures for evaluation • Provides documented evidence of validated measures used in evaluation, such as competency assessment • Provides evidence of impact of education program for example, competencies achieved, successful quality projects, publications, decrease in number of related incidents/ adverse events. • Provides evidence of indirect validation of evaluation, for example, pre and post assessment of knowledge; increased competence amongst staff; qualitative survey identifying changes in staff knowledge; attitudes and skills. 1.4.8 Uses program evaluation findings to ensure currency and applicability of programs according to learning and professional needs • Documents in program reports the evaluations of change/s required or made to the program along with the rationale for change/s. • Provides an ongoing program evaluation that is necessary for accreditation and quality improvement. • Involves stakeholders to ensure the programs meet learner and professional needs1.4.9 Identifies and evaluates barriers that prevent translation of knowledge into practice and initiate strategies to overcome them • Provides documented evidence of barriers to knowledge translation • Identifies barriers to knowledge translation, such as lack of resources, attitudes • Identifies and implements strategies to overcome barriers to knowledge translation such as searching for evidence, adapting processes to apply new knowledge to local context. • Evaluates strategies implemented to overcome barriers to knowledge translation. Comments / feedback can be given in the text box below. ⓘ

1.4.9 - probably a typo but the wording in the 1.4 standards does not include "identifies" as it does here

1.4.1 Consider commencing the first cue with the verb "Uses" to create an active cue; 1.4.4 Propose to change "conducting" to "conducts"; 1.4.9 Propose to change "initiate" to "initiates".

could also include- uses evidence to inform teaching and learning content and approaches

1.4.9 - I've already commented on this language earlier in the survey.

check wording 'Uses reflective practice as a learning strategy in activity of programs'

1.4.8 I have an issue with using program evaluation. I think it should be educational evaluation evidence and not limit to program evaluation

1.4.1: What is meant by 'individual learning contracts'? How does a nursing educator create and monitor such contracts when teaching high numbers of students? 1.4.4: This wording does not seem correct "Supervises or conducting a pilot project / study ..."

1.4.3 their is significant evidence to suggest that non judgmental feedback is not possible, perhaps objective is better 1.4.4 dot point 2 needs grammar correction. 1.4.6 these are methods for recording feedback but do not ensure the feedback is objective

As above

1.4.1 - Bullet point 4 - the educator should do more than just note feedback, they should act on it 1.4.5 - Not sure how an educator can participate in peer review of learner performance if it is peer review 1.4.6 - What is a program reference group? 1.4.7 - I don't understand 'indirect validation of evaluation'

DOMAIN 2 COMMUNICATION S2-1 Demonstrates effective communication and interpersonal skills at an advanced level. Please indicate in the text box below any comments or changes you suggest to the examples / cues given in the right-hand column. 2.1.1 Respects and values learners, staff and patients in all aspects of communication • Interacts respectfully with learners, peers, supervisors and managers in a variety of situations. • Is cognisant of differences in communication associated with diversity – culture, religion, gender, education, differences in power. • Provides documentation of respectful interaction with others for example, feedback from learners, peers, supervisors and managers. • Uses an ethical approach to interpersonal communication. • Consistently communicates with veracity and following the relevant professional Code of Ethics. 2.1.2 Collaborates with and develops teams and partnerships with health professionals and associated organisations • Engages with other disciplines in the development and delivery of Interprofessional education. • Provides documentation that provides evidence of interprofessional collaboration, for example, meeting minutes, reports, presentations, publications. • Liaises with relevant staff/health professionals such as content experts, managers and staff. 2.1.3 Uses formal and informal communication strategies to facilitate a trusting environment conducive to teaching and learning • Considers the cultural, physical and psychological safety of learners and staff. • Uses a variety of communication strategies, such as oral, written and electronic to facilitate teaching and learning. • Provides documented evidence of effective communication strategies in correspondence, emails, and feedback from learners, staff, peers, supervisors and managers. 2.1.4 Teaches and supports informatics and IT competencies related to educational practice • Supports learners' knowledge skills and attitudes in Informatics (e.g., Telehealth, Telemedicine), and IT teaching platforms (e.g., learning management systems such as Blackboard or Moodle, mandatory training programs, Microsoft Teams). • Provides education program plans and evaluations to prospective learners and employers. • Acts on feedback from learners, staff, peers, supervisors and managers. 2.1.5 Displays competence in use of technology for communication in all facets of their role as educators • Is competent in the use of educational technologies, such as learning management systems, Microsoft Teams, Zoom. • Uses teaching resources and active learning to engage the learner, for example, Kahoots, Mentimeter. • Provides documented evidence of competence in technology with educational qualifications, performance appraisal, Feedback from students, staff, management. 2.1.6 Demonstrates health and digital literacy regarding their teaching and professional roles • Undertake performance appraisal utilising current technologies, where relevant. • Uses feedback from self, learners, staff, peers and managers where relevant) to enhance digital learning and teaching practice. • Incorporates the Australian digital frameworks in learning and teaching such as, the Australian Digital Health Strategy. 2.1.7 Maintains currency of knowledge and use of information technology programs relevant to their role • Provides documented evidence of currency and competence of information technology for example, performance appraisal, feedback from learners staff, peers, supervisors and managers, Feedback from students, staff, management • Is cognisant of the current knowledge and use of information technology 2.1.8 Utilises e-learning strategies to deliver programs and support learning • Develops and implements e-learning strategies to deliver programs, for example blended learning. • Utilises e-learning strategies to support learning, for example computer-based learning, webinars Comments / feedback can be given in the text box below. ⓘ

e-learning strategies should be changed to digital to remain consistent with above. Elearnign an outdated term

2.1.6 - think digital literacy should be a a stand alone element due to the enormous changes in digital technology and its role in nursing practice and education

2.1.1. Propose changing "following" to "follows"; 2,3,1 Propose changing "teaching and learning" to "education and learning"; 2.5.1 I am unsure of what this cue means?; 2.1.7. the second cue may be redundant as it duplicates the first cue's intent.

Is cognisant of the current knowledge and use of information technology and Artificial Intelligence

2.1.6 - I've already commented on this standard statement

No further comments.

2.1.4 should reference the Australian nursing and midwifery digital health competency framework, use generic term learning management systems

appropriate

2.1.1 - bullet point 2 not measurable 2.1.4 and 2.1.5 - remove reference to actual products - implies endorsement and they will go out of date quickly

DOMAIN 3 PROFESSIONAL PRACTICE IN NURSING EDUCATION: S3-1 Demonstrates knowledge and expertise in the context of teaching and learning. Please indicate in the comments below below any changes you have to the examples/cues given in the right-hand column. 3.1.1 Engages in self-reflection and reflective practice in educational practice • Provides documented evidence of self-reflection for example, performance reviews, reflective journals, program changes, use of different strategies. • Is able to identify own philosophy of teaching and learning. • Is able to identify personal attributes, skills, attitudes and learning needs related to educational practice. 3.1.2 Maintains a professional portfolio that demonstrates continuing professional development in educational practice • Adds consistently to the professional portfolio with relevant evidence, such as attendance at seminars, conferences and workshops. • Provides evidence of the use of current and emerging. technologies in educational practice, such as Artificial Intelligence (AI), digital health, Virtual Reality (VR). • Documents changes to practice and rationales for the change. 3.1.3 Demonstrates cultural safety and sensitivity in educational practice • Provides evidence of cultural safety and humility from performance reviews and feedback from learners, staff, peers, supervisors and managers. • Incorporates cultural safety and humility aspects in education program plans, program evaluations, and learning strategies. • Ensures educational practice reflects cultural safety and humility in knowledge skills and attitudes demonstrated in feedback. 3.1.4 Embodies the Nursing Code of Conduct and Ethics in all aspect of education and practice • Conducts self in a professional manner and role modelling professional behaviours and attitudes. • Provides documented feedback from management / staff. • Interacts with integrity for example with learners and others. • Acts with integrity in the use of the knowledge base of the discipline. • Includes ethical aspects in the development, implementation and evaluation of educational programs and teaching sessions 3.1.5 Demonstrates knowledge and expertise in teaching and educational practice • Provides a dynamic professional portfolio with relevant evidence, such as attendance at seminars, conferences, and workshops. • Provides a source of knowledge and resources for learners and others • Demonstrates the use of current knowledge and expertise in program design and implementation, such as the use of adult learning principles, and evidence-based educational practice Comments / feedback can be given in the text box below. ⓘ

Please consider changing the statement to "education and learning" from "teaching and learning". ; 3.4.1 Propose changing role modelling" or role models";

3.1.5: Should include " demonstrates the use of educational learning theories, current knowledge...."

3.1.5 - remove the word 'teaching'

Maintains a dynamic professional portfolio with relevant evidence, such as attendance at seminars, conferences, and workshops.

3.1.3 unsure of the wording of this this and context

3.1.4: Should "role modelling professional behaviours ..." be "role models professional behaviours ..."?

3.1.2 already captured in the professional RN standards and repeated in 3.1.5

Appropriate

3.1.4 - the NMBA should be identified in this standard and the correct titles of the codes

S3-2 Displays management and leadership skills in planning, managing and implementing change Please indicate in the text box below any comments or changes you suggest to the examples / cues given in the right-hand column. 3.2.1 Participates actively in professional organisations • Participates in organisational or professional organisations evidenced by documentation such as meeting minutes, for example, being an executive or committee member, or on an educational planning committee or implementation team. • Conducts professional development programs evidenced by meeting minutes or program highlighting your contribution. 3.2.2 Is cognisant of current global trends in nursing education • Is an active member of professional organisations. • Provides alignment of program content with evidence using current practices, for example, the use of simulation, knowledge of Artificial Intelligence (AI) and emerging technologies. 3.2.3 Considers policies and procedures affecting educational practice in planning, managing and implementing change. • Maintains currency of practice • Identifies and participates in the change required for example, volunteering to address issue, reviewing policy; education session to staff identifying change in policy or dissemination of policy change by other means (e.g., email, demonstration). 3.2.4 Manages the organisation of learning experiences and program • Providing program materials identifying your role e.g. course information or flyer. • Considers the financial costs and feasibility of programs and learning experiences • Manages the time, resources and program coordination necessary to be an effective teacher and program leader. • Advocates for quality teaching and learning, spaces, environments resources, and opportunities. 3.2.5 Selects, uses and monitors resources required for learners and educational programs • Undertakes a needs assessment of the organisation and/or learners • Selects, uses and monitors resources required for learners and educational programs, such as computer access, simulation supplies • Advocates or seeks resources where needed, for example, applies for grants or funds to purchase additional resources. • Selects resources that are feasible and appropriate. 3.2.6 Presents as a role model to learners and provides mentoring where required • Provides documented acknowledgement from learners, peers, supervisors and managers. • Mentors and coaches where required. • Is a role-model for learners and others, such as modelling educational skills, attitudes and behaviours. 3.2.7 Anticipates and prepares for a changing environment • Is flexible in managing and leading change, such as being proactive in planning change, using a change model to guide change, and awareness of future educational or organisational change. • Publishes on the potential impact of the changing learning and teaching environment as well as practice. Comments / feedback can be given in the text box below. ⓘ

3.1.2 items should align with NMBA Registration Standard which stipulates Include a current learning plan with a current context of practice, learning goals and planned CPD activities relevant to the identified goals. Contains documented records and written reflections of the CPD activities in case of an audit. Reference on this page https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Continuing-professional-development.aspx 2015 is the latest date, no newwer registration standards since then

Consider adding evaluating change to the statement as per previous feedback.; 3.2.2 consider including emergent trends; 3.2.3 Consider including evaluating change; 3.2.4 Consider changing providing to provides; 3.2.7 consider including demonstrates awareness rather than and awareness of.

nil

3.2.3 - remove '... in planning and managing ...'

Participates in organisational or professional organisations evidenced by documentation such as meeting minutes, for example, being an executive or committee member such as an educational planning committee or implementation team.

3.2.1: What is meant by "... organisational or professional organisations ..."? 3.2.1 and 3.2.4: Use of 2nd person "your" does not seem to fit with the rest of the document, which is written in 3rd person. Might better wording be "own contribution" and "own role"? 3.2.4: Do all nursing educators have to be "program leaders"?

3.2.5 and fit for purpose resources

Appropriate

S3-3 Demonstrates a commitment to research and scholarship Please indicate in the text box below any comments or changes you suggest to the examples / cues given in the right-hand column. 3.3.1 Shares knowledge and expertise within the wider nursing/allied health community • Participates in the dissemination of quality projects and research via conference presentations and publications in quality journals, commentary in professional publications. • Participates in professional forums as plenary/invited/ guest speaker evidenced by invitation and post function acknowledgement and/or publications. • Participates in the design of new educational systems and training. 3.3.2 Participates in research activities • Participates in research activities, such as research proposals or grant applications, publications, conference attendance • Participates in andragogical scholarship, advancing methodologies in learning, publications. • Supports the implementation of research, such as data collection, implementation of evidence-based practice, evaluation of programs or quality improvement projects, liaising with research staff. 3.3.3 Models commitment to on-going learning • Promotes education activities within and external to the organisation of interest highlighting the relevance to staff for example on notice boards, social media and agenda items on staff meeting minutes. • Self-identifying own learning needs and demonstrates how these have been addressed. • Provides documented evidence of on-going commitment such as performance review information. • Participates in professional development and continual quality improvement. 3.3.4 Demonstrates the ability to use deductive and inductive reasoning • Provides evidence of deductive reasoning for example, program development arising from needs assessment; and participating in research. • Provides evidence of inductive reasoning for example, evidence of nurse education activities influencing patient outcomes and participating in research. 3.3.5 Fosters critical inquiry in self and others • Questions current practice. • Searches the literature to determine best practice as demonstrated by contributions to literature reviews, changing practice and requests to assist in changing practice. • Contributes to professional journals on current educational matters. • Participates in meeting / forum on educational matters. • Encourages and guides critical enquiry and learning in self and others. 3.3.6 Uses research to inform educational practice • Incorporates current evidence-based research into educational practice. • Participates in developing new educational practices through research. • Ensures that teaching and learning is evidence-based, such as program design and teaching methods, and may include practice development. Comments / feedback can be given in the text box below. ⓘ

shares information with the wider interprofessional learning community (not nursing/allied health as this is very limited, what about pharmacists? GPs etc? interprofessional captures the group of people we learn from, with and about much better

3.3.1 Consider changing allied health community to interdisciplinary health professionals to broaden the scope / reach of this statement;3.3.3 Consider changing self-identifying to self-identifes.

include- Undertake post graduate research training to build research skill ability
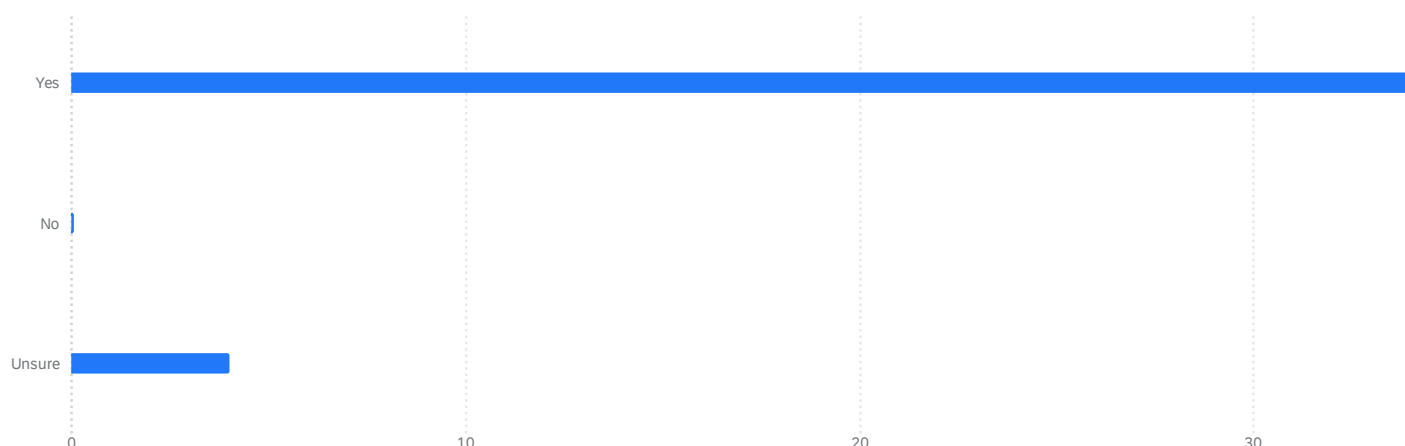
nil

3.3.3: "Self-identifying ..." should be "Self-identifies ..."

3.3.1 participates in scholarship of learning and teaching 3.3.5 interacts with the evidence with integrity acknowledging sources

Clear and appropriate

3.3.2 - Andragogy has been superseded in many educational contexts by heutagogy

Do you think the examples / cues would be valuable for users of the Standards? 38 ⓘ

Do you think the examples / cues would be valuable for users of the Standards? 38 ⓘ

Q47 - Do you think the examples / cues would be valuable for users of the Standards?	Percentage	Count
Yes	89%	34
No	0%	0
Unsure	11%	4
Sum	100%	38

Do you think examples / cues should be presented with the next version of the Standards? 37 ⓘ
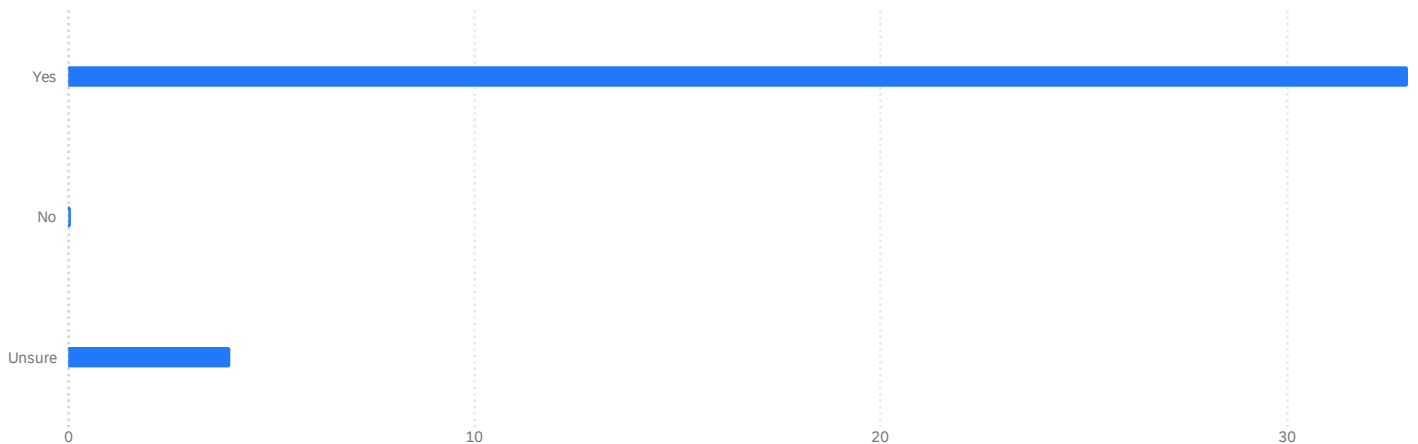
Do you think examples / cues should be presented with the next version of the Standards? 37 ⓘ

Q48 - Do you think examples / cues should be presented with the next version of the Standards?	Percentage	Count
Yes	89%	33
No	0%	0
Unsure	11%	4
Sum	100%	37

Wouldn't include examples / cues would be valuable for users of the Standards as part of the main standards rather an explanatory note OR guide ect.

I think they are self-explanatory and that an educator of this level should be able to understand them without requiring cues and/or examples

Examples were used heavily in the NPD scope and standards

There is some duplication of cues within statements - perhaps eliminate these / reposition where the cue is most appropriate to keep the document "tight". I made a lot of comments regarding verb tense throughout each statement area -intent is to align for consistency. Many thanks for the opportunity engage in this process and be a part of the active application of these to our collective workplaces.

I think the explanation of the use of the cues is important. They are not to be a check list of things to be ticked off to show competence. They are exemplars that support the standard.

It should be clear that they are examples only and not all that could be considered.

88

some of the cues could be edited for brevity

While I think the examples / cues are useful in guiding individuals in understanding and applying the standards, not all are relevant to all levels of nursing educators or nursing educators in all contexts. Additionally, how are the examples/cues relevant to measuring/assessing nursing educators meeting the standards? Might it be worth including a preamble that explains and clarifies the intent of the examples/cues and how they should be used??

I think a third round of the delphi is required to check interpretation and feedback as the intention is not always clearly expressed in the exemplars provided

There is inconsistency in terminology across the proposed standards that needs cleaning up. For example, in some places it is 'the learner' and in others 'learners'. Need to ensure that current educational philosophies are utilised. Naming individual products which could be outdated by 2025 will result in outdated standards and cues in no time Not confident these are at the standard required.

Nursing educators (focus group) survey results

EVOLUTIONS - Focus group – v2

September 28th 2023, 5:07 pm AEST

Q1 - About yourself   In which type of health or educational facility do you predominantly teach?
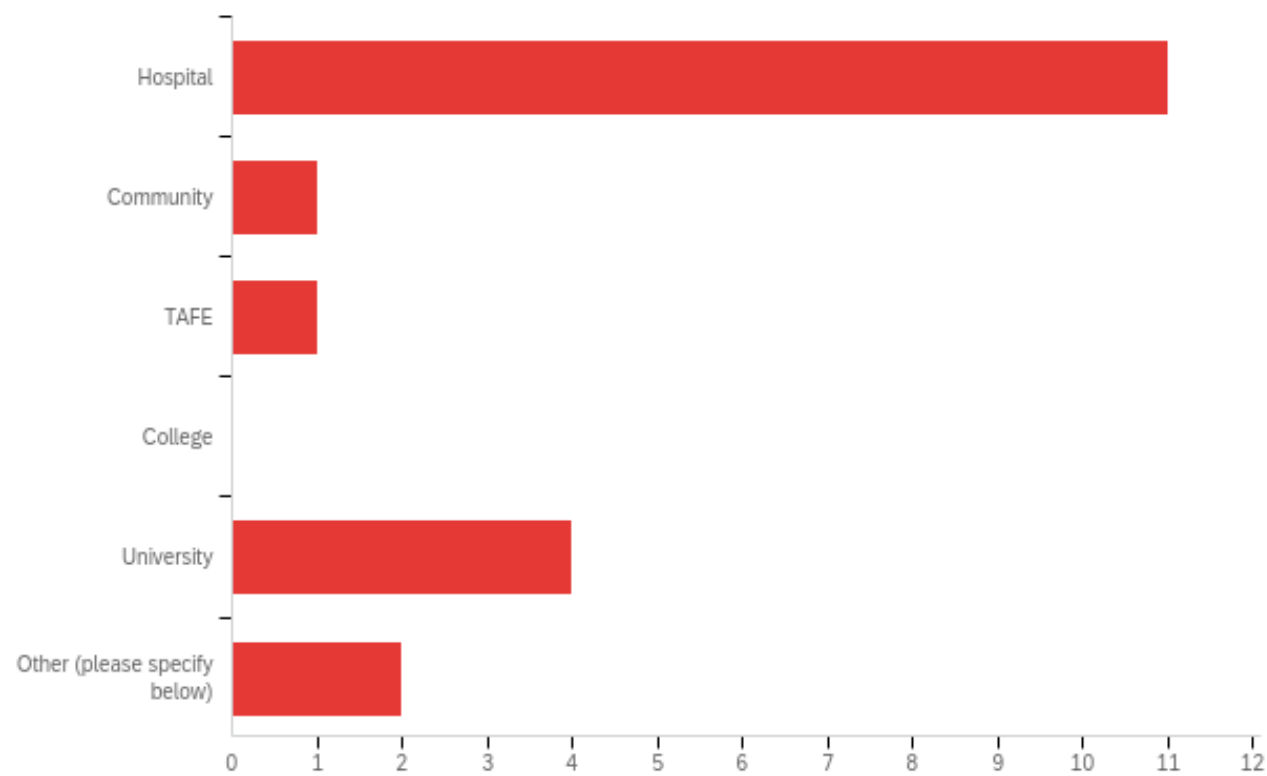
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	About yourself In which type of health or educational facility do you predominantly teach? - Selected Choice	1.00	6.00	2.53	1.98	3.93	19

#	Answer	%	Count
1	Hospital	57.89%	11
2	Community	5.26%	1
3	TAFE	5.26%	1
4	College	0.00%	0

5	University	21.05%	4
6	Other (please specify below)	10.53%	2
	Total	100%	19

Q1_6_TEXT - Other (please specify below)

Corporate Health Service

NGO

Q2 - What type of position do you hold for your main employment?
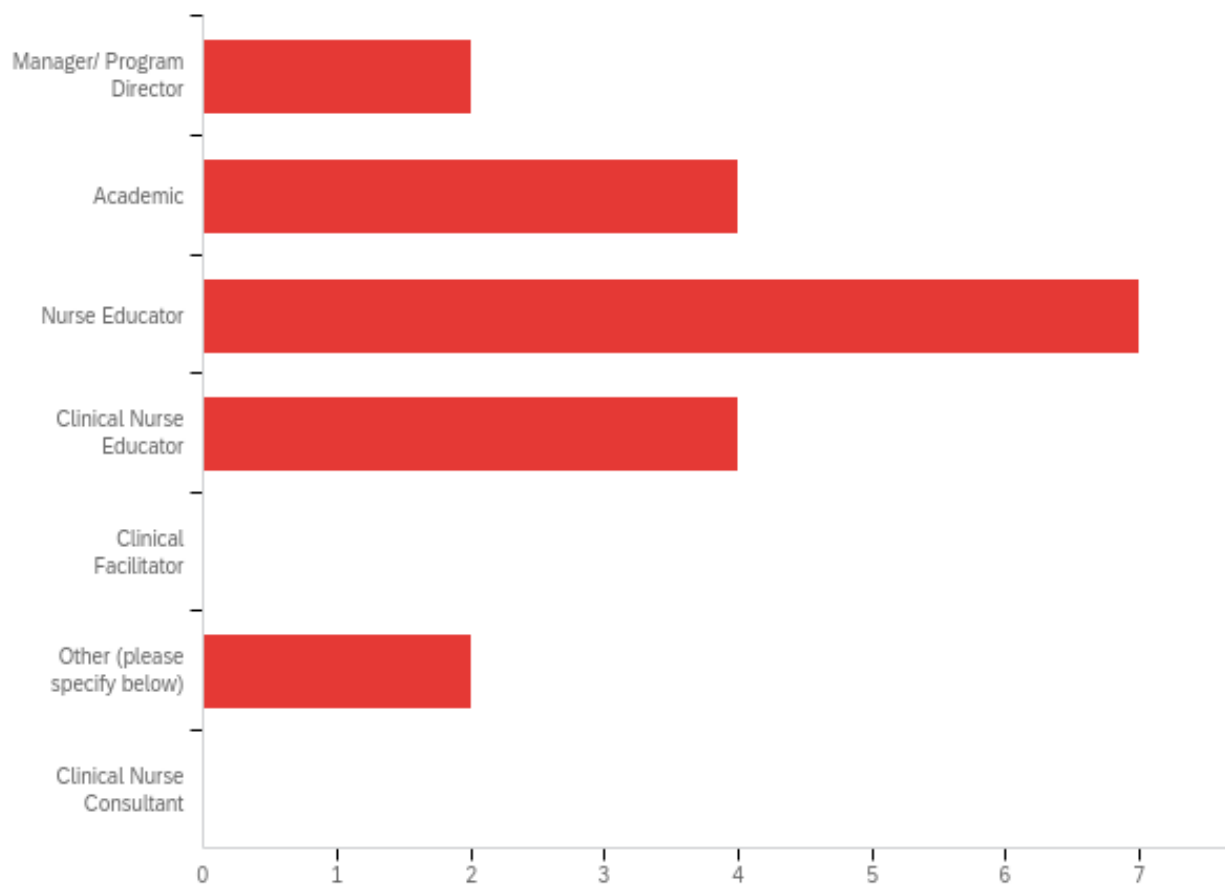
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What type of position do you hold for your main employment? - Selected Choice	1.00	6.00	3.11	1.33	1.78	19

#	Answer	%	Count
1	Manager/ Program Director	10.53%	2
2	Academic	21.05%	4
3	Nurse Educator	36.84%	7
4	Clinical Nurse Educator	21.05%	4
5	Clinical Facilitator	0.00%	0
6	Other (please specify below)	10.53%	2
7	Clinical Nurse Consultant	0.00%	0
	Total	100%	19

Q2_6_TEXT - Other (please specify below)

Clinical Nurse Specialist

Advanced Nurse Educator

Q3 - Please indicate the postcode of your main employer for whom you predominantly teach.

2650

2228

4575

2011

2480

7307

7000

5159

7000

3806

4102

3127

2650

2650

2350

7000

Q4 - What is your highest academic qualification?
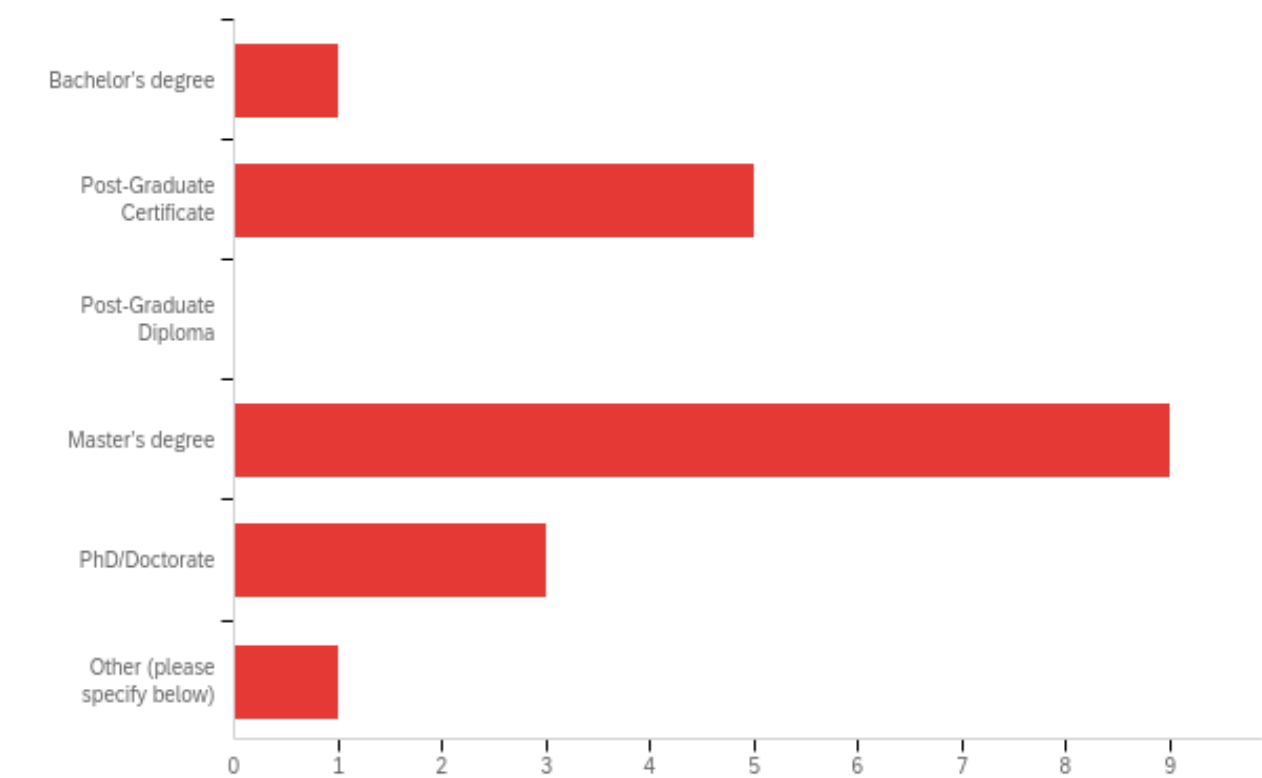
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your highest academic qualification? - Selected Choice	1.00	6.00	3.58	1.31	1.72	19

#	Answer	%	Count
1	Bachelor's degree	5.26%	1
2	Post-Graduate Certificate	26.32%	5
3	Post-Graduate Diploma	0.00%	0
4	Master's degree	47.37%	9
5	PhD/Doctorate	15.79%	3
6	Other (please specify below)	5.26%	1
	Total	100%	19

Q4_6_TEXT - Other (please specify below)

Working towards diploma in clinical teaching and learning

Q5 - Please indicate below any qualifications you have specialising in education (It does not have to be nursing). More than one response is allowed.
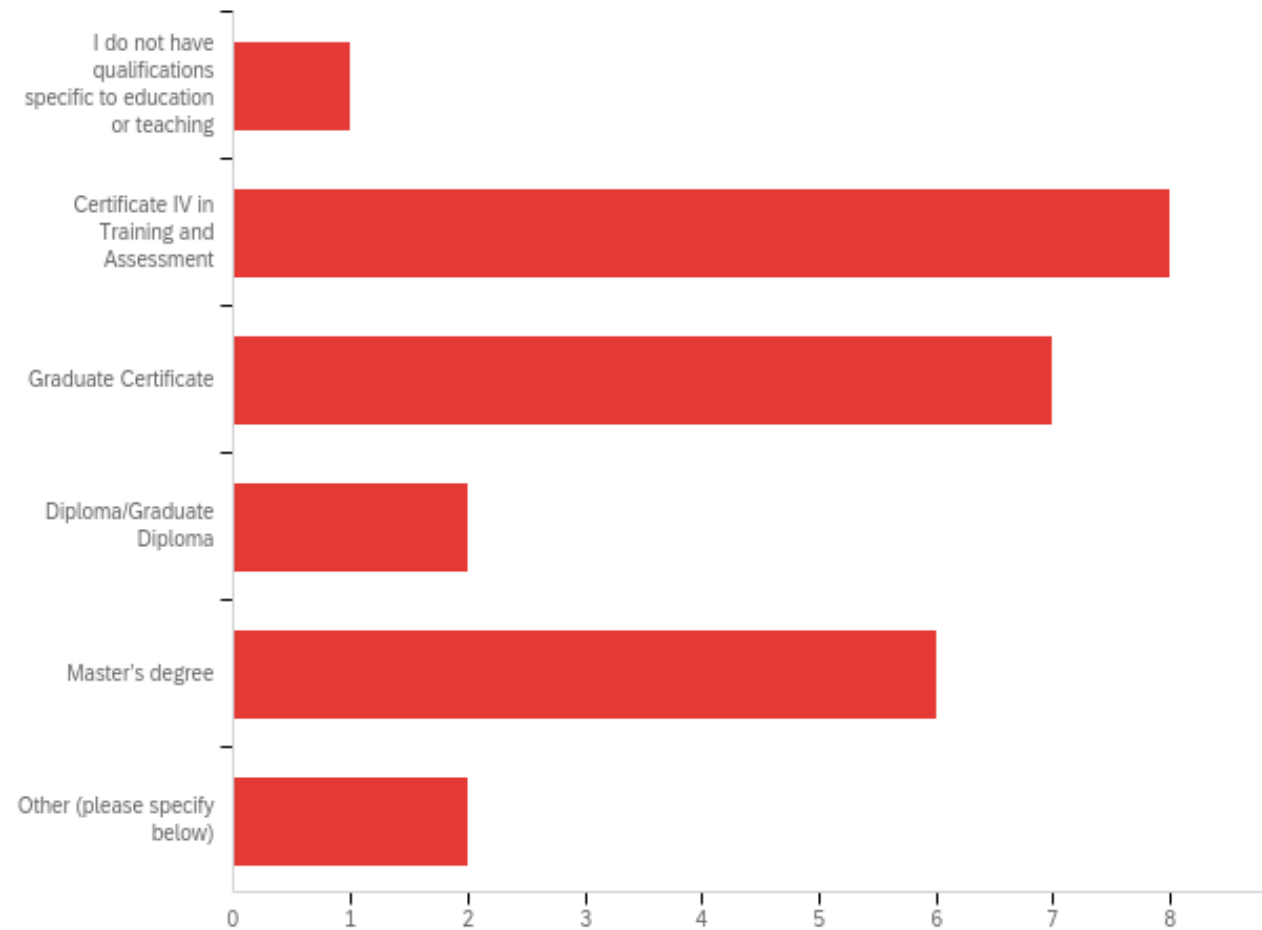
#	Answer	%	Count
1	I do not have qualifications specific to education or teaching	3.85%	1
2	Certificate IV in Training and Assessment	30.77%	8
3	Graduate Certificate	26.92%	7
4	Diploma/Graduate Diploma	7.69%	2
5	Master's degree	23.08%	6

6	Other (please specify below)	7.69%	2
	Total	100%	26

Q5_6_TEXT - Other (please specify below)

degree in training and development

Working towards Diploma in clinical teaching and learning

Q8 - How many years nursing experience do you have (to the nearest whole year)?

22

19

23

14

30

32

17

20 years

32

35

36

22

17

38

17

22

12

20

23

Q6 - How many years teaching/educational experience have you had (to the nearest whole year)?

10	
1	
7	
5	
14	
15	
12	
8 years plus	
10	
22	
16	
5	
10	
14	
12	
12	
5	
14	

23 - as this is everyone's role to some degree- but 13 in education specified positions

Q8 - What is your gender?
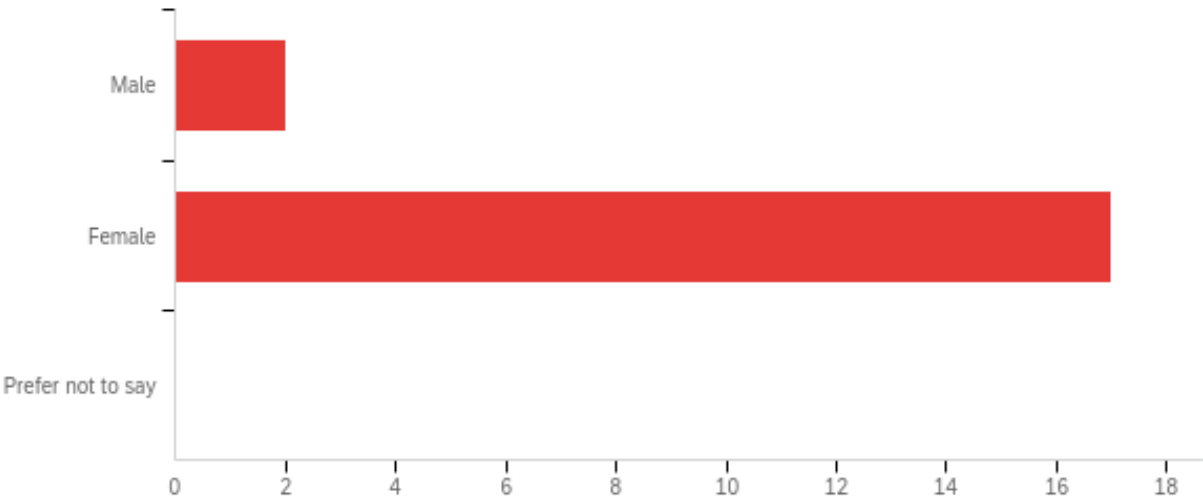
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your gender?	1.00	2.00	1.89	0.31	0.09	19

#	Answer	%	Count
1	Male	10.53%	2
2	Female	89.47%	17
4	Prefer not to say	0.00%	0
	Total	100%	19

Q9 - To which age group do you belong?
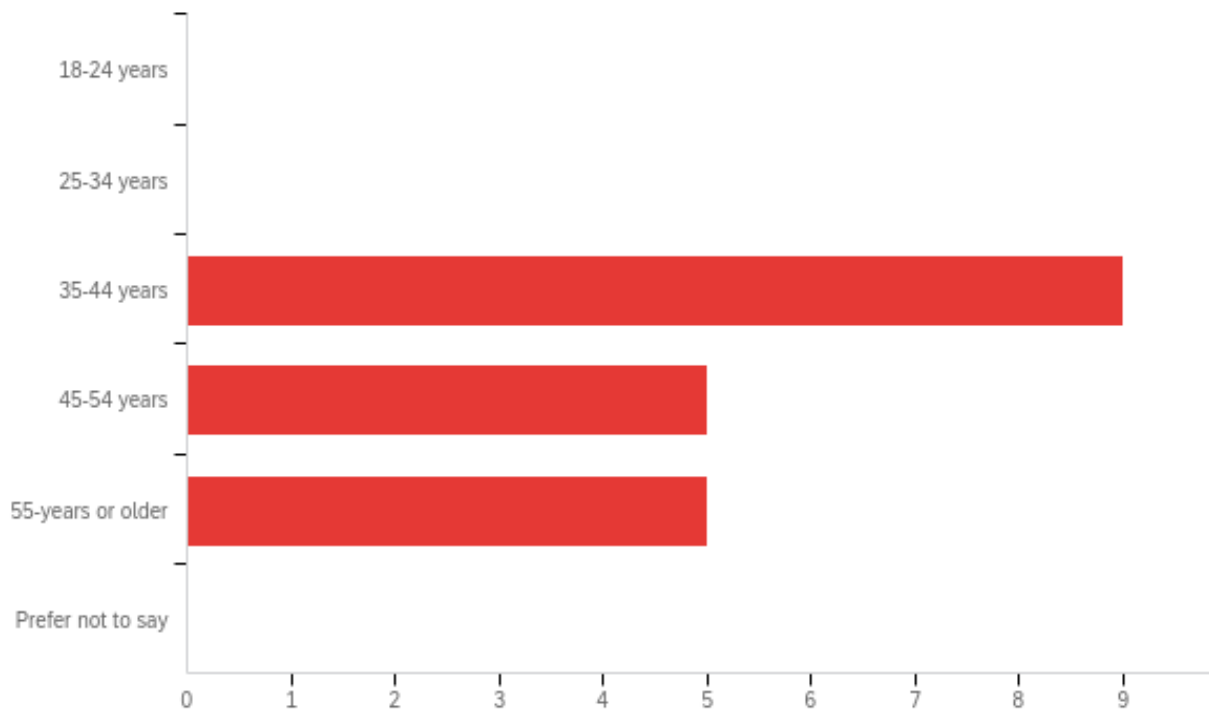
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	To which age group do you belong?	3.00	5.00	3.79	0.83	0.69	19

#	Answer	%	Count
1	18-24 years	0.00%	0
2	25-34 years	0.00%	0
3	35-44 years	47.37%	9
4	45-54 years	26.32%	5
5	55-years or older	26.32%	5
6	Prefer not to say	0.00%	0
	Total	100%	19

Thursday focus group (47:38min)

Moderator: Okay, great. Now, the first question, just to keep us going, I'm saying um, is to really um, you've- you should have read about the professional standards. And the actual standards provide a role of the expectations required of a nursing educator and we're looking at it from any setting, right? And the idea is we're supposed to make a real explicit to all this, so we know what we do. So, we can guide new educators, current educators, you know, it can help contribute to position descriptions and monitor performance, you know. So, that's- that's the context of it. And so, when you've heard that, what do you think uh, perhaps the two most important aspects to being a nurse educator?

P7: Being able to direct to resources. In this day and age, we're no longer the fountain of all knowledge. There's lots of resources out there at the students' fingertips but um, so uh, you know, directing them towards guidelines and um, I don't know, things like that I find helpful.

Moderator: Mm-hmm. Yes, P1? [crosstalk] how about the person [inaudible].

P1: Yeah. Um, I think keeping current. Uh, so, technology is obviously um, moving on fairly quickly. We know that e-learning, and AI um, capacity that we can use within education uh, trying to keep up with that and find, get the education resources for us to be educated to produce a quality material that the next generation of nurses uh, will be able to use.

Moderator: Well, I have the information to be current. P3, what did you want?

P3: For me, it's probably two things around um, understanding educational design for programs...

Moderator: Mmh.

P3: ...and what will work for learners, which goes hand-in-hand for me with understanding those adult learning principles that the learners want to be motivated themselves and how that looks and fits in with the educational design of how we deliver the education.

Moderator: Mm-hmm. All right. So, with P6 wasn't it? I'd have a hand up.

Kylie: Yeah. So- so, I wanted to add um, I guess there's uh, a degree of um, formal qualification, but also that idea of role modeling that continue professional development um, to you know, that the, that the colleagues that we work with.

Moderator: Mmh. And professional development, you're saying? Then we've got P4, I think, who's next. Yeah.

P4: Yeah- oh, I agree with all of those points. I think it's um, a uniqueness within the individual to be able to work in complex relationships so that recognizing it and learning principles and communication, all those skill sets, but being able to adapt them to the diverse workforce we have because if- you know, one size doesn't fit all and being able to- to be dexterous in that very quickly and adapt to that I think is really important.

Moderator: Is that sort of like uh, flexibility, what you're saying that- that um, we need?

P4: Mm-hmm.

Moderator: And P5? Thank you. And then, P2. Yep, P5?

P5: Um, it's giving feedback in uh, difficult circumstances and we seem to be faced with a lot of students and undergrads that are um, maybe suffering with uh, well-being health, mental health, and well-being issues and giving feedback in really difficult circumstances. I think uh, learning how to do that is really key.

Moderator: So, that sounds like being a good communicator would you, would you say that aspect? I've got nothing, it was P2, wasn't it? P2, who's next?

P2: Yeah. Thank you. Um, I think the question [clears throat] for me that the word that s-sticks out is been[?] um, being a nurse educator. Um, because a lot of nurse educators obviously start off as nurses. Um, and I think there's quite a big transition time to go to become an effective nurse educator. Um, so, I think being a profe- a nurse educator is uh, a one big component of it is actually a professional identity, what do you actually identify as.

[clears throat] and you know, I guess I don't want to talk too much about my research today but um, through my research, I found that um, there's different roles within nursing education and I think academia is quite different to clinically based nurtured- nurse education roles. In clinical, clinically based nurse education, I was really challenged in your identity um, in that they really have to see themselves to occasionally see themselves as content experts. They have to be the expert in everything clinical instead of seeing themselves as nurses with expertise in education.

So, I guess professional identity to me is probably one of the most important things, and in what qualities [inaudible] what some of the others have said, a lot of it is around professional development um, as an educator. Getting that sort of knowledge, getting a philosophy of teaching, learning those types of things that are found that at least clinically based that those educators seem to really struggle with.

Moderator: How much do you think that as far as the teaching and learning goes, that um, nursing educators should have really regarding an expertise and the knowledge, you know, what sort of knowledge it is do you think they need?

P2: Is that open to everyone?

Moderator: Yes.

P2: [inaudible] Yeah, so... [laughs] I was just gonna- I was gonna respond then, I'll wait for others.

Moderator: No, you can respond. Oh, you can respond, and do- you can carry on uh, [crosstalk] uh, so what sort of knowledge [crosstalk]?

P2: Yeah, yeah. Um, I think in the very minimal, I think uh, um, at least two uh- uh- courses, as long as a grad cert or longer um, in education, um, teaching-learning course, not- not necessarily just the certificate for an assessment training. I think that doesn't have the adequate depth for anyone who's involved in education to really understand the learning principles and to get to the level where they're thinking about um, that sort of uh, high level stuff around course design, whatever that is such as course design or that learning, [crosstalk].

Moderator: I suppose I was thinking of more of the- the types of um, knowledge that we might need. Um, uh, P4 um, what were you thinking about that?

P4: Um, I guess, I'm- I'm interested in um, the language we use on South Australia, and I know the language is different. So, we're talking about the nurse educator who would be um... so, is this the clinical nurse educator? In um, South Australia, we can't call them nurse educators because the nurse educator starts at a level three, whereas we'll have clinical educators who are level twos. And so, working through that with the language, it's interesting. We're talking about um... what sort of educator, we're talking about a clinical educator at the beginning of their career or are we talking about the more advanced educator who might be more strategic and supportive of mentoring? Um, a bit of clarity on that might help me a bit.

Moderator: The actual standards were for- to be generic for educators in any setting and we use the word nursing because the nomeclature around the position of a nurse educator. What's that? You know, and uh, it's been years, we've- there's no clarity. That's different between states, different between regions and- and locally, you know, so, so I use the word nursing educator just generally as anybody in any position, really.

Do you think that there uh... there are some um, the premises, that there should be some fundamental skills, knowledges, attitudes that we should have as nursing educators that we can give to anybody? So, what do you think of those share things? Say like, teaching or learning. So, what do you think are important share things about teaching and learning then?

P4: I think um, certainly, communication is the big one and reflective practice to see what's worked and- and hasn't worked with other people so that you can continually almost build more strategic and more tools for your toolkit, as they say.

Moderator: Mm-hmm.

P4: So that you can work with the diverse group that you need to work with. Um, and I guess, we um, start looking at uh, we're currently working through and building a novice to expert framework and for regional in the um, nursing education space and we talked about capabilities in that space. Sort of saying that um, you've got your skills, knowledge, and the um, attitudes or behaviors. I think that it is the communication and it's that ability to apply your education, your tacit knowledge into um, any situation. That's a bit abstract. It's a bit um, high at level, but I think so um, an understanding of teaching and um, theories and adult learning theories as we talked about, they're really key. And then the ability to translate that into your teaching um that helps.

Moderator: Uh, P1, what did you um... you had your hand up?

P1: Yeah. I was just thinking, um... just you can definitely tell the difference between educators who have a learning and teaching background, I think. Um, and their ability to put education together to um, do the research that they need to do to work out how they're going to teach something to learners, but also, in the evaluation and the actual value add to the organization. So, we see a lot of education happening in our space that's not evaluated, and we actually don't know if uh, it's being reproduced back on the um, you know, on the- at the coalface um, and yet it's very costly to our organization to take nurses out to have education.

Uh, but- but with that skill of evaluating and making sure what we're doing is cost-effective seems to be quite lacking, but I think it's quite fundamental um, and it makes the educate- us think about our education differently because we have to put the time in to make sure that it's effective. Uh, if we understand the cost involved with doing it, I guess.

Moderator: Yes, P3?

P3: A bit more of two things for me. I um, we sit probably more on the greatest space or in the education of design, so I don't need to be the content expert. If I'm talking about cancer, I need to know who I can use that's why our CNC's or whatever Apply to you whatever you want to use wherever you are having the subject matter experts be able to do that. But uh, a component I agree with as well as the communication.

So, being able to explore and facilitate communication, whether it's a workshop or in a one-on-one mentoring session to start listening to certain words, pull it apart, as P2 did before hearing the {unclear – be], take that and being able to run with that to understand a bit more about where that person is coming from or explore that learning and education that's sitting there.

Moderator: P8?

P8: Um, um, P3 had some of what I wanted to say, um, but in addition to that, um, I think you know, we spent a lot of time talking to nurses on the floor about offer registration requirements, and that everyone has a responsibility to teach students, um, undergraduate nurses, graduate nurses. Um, and I think, well, what does- how does that- how do we or how are we different from that being nurse educators? And I do think it is about um, you know, um, like P2 said, the qualifications that we have around teaching that- that make um, nurse educators different to standard nurses who work um, and who also teach in the clinical context.

Um, communication's um, significant. But I also think um, I, having only ever having done a cert IV in workplace and training, you know, over 25 years ago, so I do have a master's that a lot of what I've learned in terms of um, learning um, a-and teaching, um, and you know, session plans and- and creating all of the things that we do as nurse educators has come from role modeling and kind of has come from leadership and coaching and watching how other people do it as well.

Moderator: And would you say that's a part of the role for a nursing educator to do that?

P8: So, how, Well, that's what I- that's exactly what I'm doing now with um, CNEs who work alongside me. I'm teaching them everything that I do when I know. And that's just as valuable um, and some people might not like me saying this, but that's just as valuable as what you learn in academia.

Moderator: Yeah, mmh. P6? Yes.

P6: Yeah, look. I just wanted to add on to the- the last two um, that P8 and uh, P3, I think. But uh, around that, you know, the waiting that I would put on um, the educational expert or the educational knowledge and principles um, uh, over a content. Certainly, in- in my domain, you know, where I work, I'm not the content expert on everything that is critical care. And uh, I certainly, you know, uh, um, I guess that has mean... uh, meant that I've built your communication but also project management skills too around coordinating groups, um, knowing what I need to build a program and you know, and- and where I- I need to find that. But uh- so project management timelines, you know, that sort of time management stuff too.

Um, and then, always having in the back of my mind, am I meeting you know the- the true adult learning principles? As you know, I'm gathering these people together um, to create this- this wonderful program at the end of it all.

Moderator: Thanks. Natalie.

Natalie: Yeah, thank you. And I guess I agree very much with what's been said already. For me, I think when I was a new educator, um, a lot of the things I hadn't learned yet from not doing uh, the beginning of my formal qualifications were teaching skills in a systematic way and also um, effective monitoring and evaluation and feedback. So, and possibly, not the value of those until I've been doing it.

Um, I- I certainly got to learn or taught well on the run, um, some teaching on the run skills and other things. But I've done both a cert IV and a grad cert um, and a grad dip. And so, uh, each of those courses have di- had different things that I really valued and picked up. Um, and absolutely, we learn it from modeling but I do think there's a few things, fundamentals, like those effective teaching skills of how to actually impart that knowledge rather than just showing someone. Um, it's- it's actually teaching them the skill and that's quite different.

Moderator: And to say, it's understanding the learning and- and as you have said about the- the principles underpinning of what learning is.

Natalie: And learning [crosstalk]

Moderator: And how people learn and how to promote and engage perhaps in learning. What if- now, something that's um, uh, that's been important in the past few years, it's particular with covid and it's technology. So, how do you think technology should be um, uh, um, because you've seen the- the standards as they are. How do you think it's best um, we express technology in our standards? What sort of things would you expect of an educator? You know, what do I mean by the word technology, for instance? Um, so well, so, I'll have P2 first. I'm not sure who was first.

P2: Oh, sorry. I- I don't think my hand was up first.

Moderator: That's okay. We'll go to P1 then.

P2: Yup.

P1: Yeah. I was just thinking um, I don't think I'm necessarily ever going to get to be the best IT expert for delivering my education, [chuckles] um, but I've realized that I, in that space, I would be the content expert [chuckles] and um, I think I've- as an educator, I need to be ahead and know what's around. And also, utilize I think our departments need to start thinking about um, having people who can deliver the IT stuff for us if we can.

Um, there isn't a lot, I haven't seen a lot of training for... in the healthcare space on how to use e-learning effectively. Um, and I'm doing postgraduate and certainly, the first time I'm going through is pretty behind on what's current um, to deliver education. So, yeah. Yeah, that's where I would see myself sitting.

Moderator: But I understand. I mean, I would expect it includes things like Microsoft Teams. And I understand that a lot of hospitals have gone to Microsoft teams and somehow, you expect it.

P1: Mmh.

Moderator: Uh, are you saying you're expected to use all of this uh, but with enough training?

P1: We have... yeah. Um, I mean, we, we are using that format uh, for training um... but we still are -

I'm pretty sure we're not using it to its full potential. None of us have been trying to use it. We've just managed to gobble things together during Covid. Um, yeah.

Moderator: I think P4 was next.

P4: Um, given the fact that we uh, in South Australia are such a big state and we go from the top of Queensland uh, the corner of our top where Queensland and New South Wales and Victoria meet all the way across the Western Australian Border and all the way down to the Victorian Border um, South. We wouldn't be able to educate and we, um, when I started, I've moved from a big Metropolitan education team into a regional space where um, in my previous job, we had sort of 19 FTE of um, educator.

And when I went into Regional, we had uh, 3.2 or something? The same number of staff across the regions. So regionally, if it wasn't for teams and we use it incredibly well, we also use SharePoint. So, we have webinars we deliver. In time, we do evaluations online through Microsoft forms. For us, it's our core business and we deliver it through technology. That relies on us as nurses to be early adopters, review the content of what we're doing, keep up with the technology um, and it's our main... it's our main form of education. The main resource we use for educating. Otherwise, our staff just wouldn't get educated.

Moderator: Um, P5? It was P5 and... and Natalie, I think.

P5: Yeah. Our educators use uh, a mixture of uh, Kahoots and Slido which are different forms of delivering educational content that appeals to the different styles of learners. So, trying to avoid the death by PowerPoint type of presentation. And we're also starting to utilize Microsoft teams, but we're using Microsoft forms um, to conduct our evaluations uh, almost across the board. Um, so, everything is all electronically, data is gathered and graphed for you and it makes life a lot easier.

Moderator: Mmh. Nathalie?

Nathalie: Um, yeah. Thanks. We use an- a huge amount of technology and there's been a bit of a bounce back recently, but my- one of my roles was um, basically, I was the educator for 110 staff over 24 sites which crossed 120,000 km. So, it was something we really had to utilize, and we again, Mentimeter, Kahoot, a lot of things. Also, Teams and sharing um, a lot of documents through that Teams or different channels for different groups of people.

Um, and there was actually an online course that talked about how to facilitate through Teams, and that was a really helpful. There were some great skills there, but it is something I think we do need more support and learning. And sometimes, that's not um, up front and offered, but it- I- I do think we do need to be ahead of the game as someone else mentioned.

Moderator: Uh, P7.

P7: Hi. Um, depending, I mean, yeah- as you've pointed out, all areas are gonna have different capabilities. Um, so, some general words around um, educator- nurse educators facilitating education in relation to health technology, advocating for the use of health technologies um, and promoting the uptake of um, health technologies and the education. And I think there's a lot of wording that can be um, helpful in the um, national strategy, the National Nursing Midwifery Digital Health capability framework because it's, it- it's really good. It's got really good sort of um, basic capabilities wording that could be applied in across all different divisions.

Moderator: Right. And that's a good um, tip about I just say, the wording of it and it seems as though what you're saying as far as education goes, is that now, technology seems to be extremely um, essential, an essential skill for nursing educators to have.

P7: Definitely. Well, that's- you know, that's what the um, our creditors and the government are rolling out that we... it's- it's essential for the- for moving into the future.

Moderator: Mm-hmm. And of course, educators, well, you've got to allot the medical record systems and then use new technology systems come in, and you've got to even teach them really. And you, you [chuckles] you've got to teach the staff have to use them, don't you?

P7: And I think that language around, it's not opt-in anymore. It's not, you know, get on board if you're tech savvy. It's actually you have to, you have to be willing to um, you know, build your capabilities in the, in the technology.

Moderator: Mmh. Did anybody have anything else to um, add?

P2: Yeah. Um... It's P2. I- I didn't- well, sorry? I didn't go ahead before because I was just double-checking the um, the ANTS competencies, as they are. And I- and I sort of noticed on the domain 2, 2.17 health literacies mentioned. And- and I think the one before that, it matches technology and communication. So, just putting a lot of this together and I thought that um, was almost said that in the digital technology as mentioned, I think the term digital literacy needs to be in there.

Um, [clears throat] digital li- literacy will cover all of these things. Um, and because it's uh, it's clear that everyone in this meeting has a degree of competency in using different forms of digital technology. Um, but having an understanding of digital literacy overall. And then, I would think one aspect of that, coming under that, and it's gonna be really important is artificial intelligence. Um, whether it needs to be mentioned in the competencies, um, I think- I feel like the wording, it needs to be mentioned somewhere because it-it's, it's coming at a hundred miles an hour and it's sweeping through everything we do.

Um, and I think future educators are gonna have to be on top of it, um, from a range of perspectives including whether they wanted, and let alone how it's gonna be used. Um, you know, I've got colleagues [chuckles] and some of you may have some that you get- ithey're starting to get a little bit nervous about the future of academia and um, j-just what will be the role of- of educators. More so in academia than in clinical settings. I think clinical settings are fairly safe um, in the, in the, you need to know, being the setting. Um, so yeah, I think um, that term digital literacy will be great for that to appear because then, you can link that to the digital technology framework, etc.

Moderator: It sounds as though you're also suggesting that educators are flexible enough to actually um, adapt to these um, huh, different situations, in the technologies that occur.

P2: If- if- if they not, they're similar to what we talked about consumers not having health literacy.

Moderator: Mmh.

P2: Yeah, as an educator, you got to be impelled to be adaptable and pick up new technologies. As people were saying, early adopters reveals of technology is the fit for purpose. Um, you've got to be op- really active in that space.

Moderator: Mmh. Um, there were two hands up. I'm not sure who was first. Sorry. Um, P1?

P1: Yeah. I was just um, I was thinking there's sort of two things that we're talking about here, isn't it? There's the um, you- you're also- we've sort of been talking about technology in the way of communicating our education. But there's the technology that we need for e-learning uh, which um, Microsoft teams isn't really the forefront of e-learning. Uh, I'm not sure if P6's probably got a bit more experience on that with what you do but um, I know... um, yeah.

So, for me, I'm- I'm thinking how do we keep in touch of what the current e-learning where they're going with it and what's available to be used to be as interactive as possible so that we're not just delivering a, you know, face-to-face, well, thing on Microsoft Teams. Um, what can we do to make that learning more engaging than just a PowerPoint? Um so, there's that plus the communication IT skills that we have to have to deliver, deliver our education. Um, yeah.

Moderator: Mm-hmm. So, if you say communication, you need your IT skills but it also, i-it's um, a tool to use and you're saying that you might need to um, as a tool that you can also use some of the examples you've given is to actually engage learners as well. P6, yes?

P6: Yes, certainly out. Yeah, I was that- I- I very much agree with that. I wanted to highlight, when I first put my hand out, I wanted to highlight that connection between it's great, we can use the technology, we can do lots of things with it. But are we using it from our education principles idea of, you know, adding value to our education? And you know, the- the model that always pops back in my head from a my learn- my learning days is that semi-model of whether we're just substituting um, a PowerPoint, you know, face-to-face to a PowerPoint on Microsoft teams. Um, a-and or, you know, um, you know, augmenting and modifying and then you are going further with the- the technology that we're giving- using and being aware of what those e-learning program um, platform so that like learning management systems can do um, uh, and the- the wealth of your tools that they've got within them, their capacity um, so that we can engage those learners more. And so, making sure that we're making that link between technology and our education principles and using them both to the best advantage. Yeah.

Moderator: Now, P4.

P4: I think just picking up on P6 and P1. Um, I really agree that this is where your um, understanding of education principles and your knowledge allows you to develop. Um, we use a lot of scenario-based and we use um, we have a learning platform, a learning management system platforms. So, we have e-readings, we have postings, we have scenarios. So, we'll have a, um, what do you do, Wednesday? and our ED nurse will put out this scenario on the thing. And before you know it, you've got 300 people dropping in and out or giving answers and- and integrating.

And then when we do a delivery of a um, session over um, uh, Teams, what we do is we have pre-learning beforehand. So, a bit more of a flipped classroom that brings them into um, the online session, the- the um, webinar, as we call it, and we'll go through those scenarios. So, we have a lot, and we do, we use breakout rooms. So, um, from that point of view, it's- that's where the creativity. That's the fun stuff that comes in that you can have to be creative. But if you haven't got the education, the background to understand, you- you do the edit by PowerPoint. We- we very rarely do a PowerPoint. It's only when we invite guest speakers that we tend to see that. Most of the time, we have people looking at information beforehand, bringing that knowledge with them, giving them scenarios and working in, in groups.

Moderator: As you say it, it sounds as though uh... that we can then, you know, that you're saying

that it's... it certainly is really important um, having the technology and... you know, just- what you're saying is it may need to be emphasized more or perhaps um, explored a bit more in the standards.

Another important aspect that you may wish to consider and particularly, in the changing language around, it is culture. Now, we got a little bit on it in the standards. But what did- what's your thoughts around um, how it's represented in the language with how its represented in the standards? Um... so, if you have a look.... I've got... I'll just do a search on culture.

[pause]
Culture, sorry. Cultural. I'm looking for anti-cultural. Uh, we've- we've got it mentioned twice. It's acknowledged cultural factors affecting learning. And the next one is demonstrates cultural competence in both educational and nursing practice. So, it's their cultural competence that um, we're saying, and it's been suggested we had a- Delphi expert group. Those suggested that the perhaps the language is a little bit outdated. And I wonder what your thoughts were on that. [pause] P7, yes?

P7: Hi. Um, yes. I think that I agree I think that waiting is outdated, so um, I've done a lot of work in the um, Indigenous Health space, um, guided by Ali Drummond the CEO of CATSINaM and um, he prefers to not use competence anymore because it's like a tick box thing. You're... you do some learning, you're found to be competent, you never have to think about it for the rest of your life. Um, but there's that it is more, it's about built um, continuously building your cultural um, capabilities.

So, um, it's a journey, you- you know, throughout your whole career. It's like a tide that goes in and out. So um, so definitely, I'm not sure, I'm sure there's lots of different other opinions on correct wording, but that's one example that I have heard.

Moderator: Mm-hmm. Thanks. Does anybody else um, anything about um, culture? Did it strike them?

P2: Um, I just like to say that's uh, that's a good recommendation around the capabilities because it's like, you know, again, that it sort of covers quite a few things, cultural awareness. So, people are reflective on their own sort of um, position and positions of power within education which um, you'll always experience in different context. And perhaps the word, you know, cultural safety but well, that's really a bit more to clinical practice and to education, a culturally safe education. Um, but perhaps capabilities co- covers one of those things.

Moderator: Yes. And safety isn't actually that- is- isn't in the standards. Uh, there isn't anything around safety. Is there anything that you think ought to be included in the standards that you think perhaps isn't there? Um... P4, yes?

P4: Sorry, I was a bit slow on the cultural stuff. Going back to that.

Moderator: Yeah. [chuckles] It's okay.

P4: So, in the cul- so with this cultural um, as in um, acknowledge cultural um, factors affecting learning and also about culture- uh, cultural competency. But there's also about the broader sense of what a culture of learning looks like in an organization and I think it goes back to what we talked about as the uniqueness of educators that we have the advocacy- the role to advocate in this space to make sure that um, learning and education is treated with the respect it deserves that it's not um, historically, in a role I was in previously, we um, our educators, a lot of our educators were people who were on more cover. So, they would just get pushed into the positions with no skill, no

knowledge, or ability and no, no passion for it.

So, there- there was no strength in the advocacy of it as a- a- a really important um, part of the work that we do. So, I think that um, someone who's an educator also has that um, need to advocate for the- a culture of learning, so more, more specifically about it under the higher level of a culture of learning that the organization supports and respects and that the role of the educator is also respected as an expert and um, their voice is um, respected and listened to.

Moderator: So, are you saying that it's actually more than educational culture? For example, like promoting um, an effective learning environment.

P4: Yeah. I know that um, historically, we've also- when we're short-staffed, the educators of the one spot, they're always the one that's actually seen as least important. So, instead of it, you're being able to um, spend time doing your education, you may get called and pulled into the clinical space because it's not as important. Um, and I think that the role of the educator in that is to really um, strengthen and advocate for it as a- um, important part of the, the whole organization.

Moderator: Natalie.

Natalie: Sorry, just wouldn't go off mute.

Moderator: Yeah.

Natalie: Um, I- I think you've mentioned and this kind of goes along with it that idea of psychological safety and you said safety wasn't really a thing, but I do believe we do, we are in a power of um, a position of power and that I have seen that ill-used in- in um, in organizations with for the initial culture. And uh, certainly, I think it would be uh, beneficial to have that as a standard and expectation that there is um, psychological safety that's promoted.

Moderator: And I suppose, well, it's a safe learning environment is it- isn't it? So that you allow learners to learn. But also, there's some sensitive information. I mean, you know, you might have some sensitive topics that you're covering such as sexual abuse or domestic violence, that sort of thing. And um, as you're saying, it's- it's regarding the safety of the learners in that context. [pause] P7, yes?

P7: Um, yeah, I agree. I think I was looking at the current um... uh, standards and um, [clears throat] in regards to psychological and cultural safety, also physical safety, I suppose. Environmental safety in around the strategies to support learners. So, yeah. Um, it says a positive learning environment, but like you said, it could say um, su- supports or facilitates a safe learning environment and you could then specify those additional phrases if you wished.

Moderator: Mm-hmm. We had um... but uh, talking about um, learning environments, we're talking about programs as well. The Delphi panels uh, mentioned something about sustainability of programs. How important do you think that is for a nursing educator? To ensure that whatever you have, um, you know, whatever you produce is sustainable over time, or is sustainable the right word? Is it feasible or something like that? Yes, uh, P1?

P1: Yeah. I've been thinking about this quite- this quite a lot actually. [chuckles]

Moderator: Okay.

P1: And just thinking about uh, just some discussion that we've been having here about transition programs, and you know, delivering the same sort of same transition program over a period of time. Everybody's quite fond of it. But actually now, looking at the uh, the generation of nurses coming through who have come through Covid, um, who need a different sort of program um, and one, and just a one very practical thing is we're still giving out port- portfolios in a folder um, instead of giving them an e- you know, in all electronically. Um, just- I think there's a danger with sustaining things and I think um, what I've realized is that we have to keep going back to focus groups, um, assessing the transition nurses over a- over a course of time every few years to make sure that our programs are still current and meeting the needs. If we're not doing the evaluation, we can just end up perpetuating something's not- not . Yeah.

Moderator: Yes. So, the- the re-evaluating and um...

P1: Yeah.

Moderator: Suppose reassessment of your programs regularly.

P1: Yeah.

Moderator: Okay.

P1: So, I'm- I'm not really sure what sustainability means are we talking about... what does that mean? Is it...

Moderator: Well, it's good to actually then explore it as you have, and you've mentioned words that I suppose could be used.

P1: Mmh.

Moderator: You know. Because the... you are as you were responding to your idea, I think of what sustainability is and that's it. And that's a good point you're making. What does it mean?

P1: Yeah.

Moderator: Well, that's good. We can- maybe it needs to be not use that word but, you know, make it in a way that um, as the meaning is there.

P1: Mmh.

Moderator: Um, P3?

P3: I have very similar views to P1 that's probably because we work together a lot. But that sustainability for me is once again around evaluation but looking at what we're coming through and the literature about those different learners, every couple of years are looking different what those generations are looking like because we're delivering education to many different generations out there. And what the sustainability is around different teaching methods or what the program's look like so that they don't become person dependent, which can be a bit of a- a risk particularly, for our organization around education. It does become person dependent. So, how can we take that out of it and make it more around the learners as well for me?

Moderator: Mm-hmm. Was there um... any other comment that you wanted to make? Oh, we got

Natalie's hand up?

Natalie: Natalie.

Moderator: And yeah. Yeah, Natalie?

Natalie: Um, I was just gonna say, I guess along with sustainable um... adaptable and approachable. Like, sustainable can mean I guess like the last speakers have said, uh, just means different things to different people and just because we can sustain something doesn't mean it's evidence-based and best practice and current and all of those things, but I guess we have to um, yeah, like, I- I agree with the last speakers. Make it available but I guess the other thing to me is equitable so it's accessible to all who need it and that I think coming from a rural perspective, that certainly doesn't always happen and um, and certainly, not face-to-face because there's just not the resources there. So, how do we make it equitable more than sustainable would be my question.

Moderator: Mmh. Uh... I- I've got to P2 and then perhaps, you can have a think about how to make it equitable. P2?

P2: Yeah.

Moderator: Your hand, was that meant to be up or is it um?

P2: Yeah. It's uh- I'll put it down once I've... [chuckles]

Moderator: I think you've … but next to your name, the three dots or something, I think you can lower hand.

P2: Yeah.

Moderator: Something like that, I think. Um, oh. So, what do people think about how we can make it equitable then?

P2: So, I was gonna comment on the sustainability thing.

Moderator: That's alright. [chuckles] That's fine.

P2: The access in equitability is a great point and I think that's a- a separate one for most because I'm from the rural area- regional too and it's a really important aspect of um, yeah, education. Um, I'll just- so, I got really excited because I was actually putting something into the chat when- before you mentioned the word sustainable, um, [chuckles] um, but it's- I think I'm totally off on a tangent here.

Um, if there's a faculty of Education, as to you, has been doing some research and I think this is real sort of emerging area of research in education, generally, but I think I- I could be wrong. I thought it had more to do with being mindful with climate change um, to have sustainable practices that will be low impact um, on the environment and to be also teaching that um, in- in ways that you can and, you know, for a long time in hospitals, we had so much waste um, and there's been a lot of education addre- addressing that.

So, I thought sustainable education very much had that strand to it as well. So, that I just wanted to yeah, mention that because it- I think it's not just about sustainable learning outcomes and all the other great things have been mentioned that has to really be part of it, maybe with words used and

the domains where that can be included, I think would be important for the future.

Moderator: It's also a part I think of the organizational role. I looked at some competencies from other countries and some of them, um, for those particularly in the clinical area, a lot of them is about fulfilling organizational goals, right? And certainly, as I say, sometimes, the organization makes with that goal, it's what the- so what- um, you're saying that nursing educators should also have that uh, goal as well. Is that right?

P2: Um, yeah. I guess they should align with the organizational goals because yeah, the expectation or organizations be having a less of a footprint environmentally is a- is a really important thing. So, um... it's a- I guess this is a bit of a bigger picture in a philosophical thing as well, which I'm not sure if you were gonna move on to that but perhaps, come under someone's philosophy of teaching, learning and their practice. But if it aligns with organizations, that's- that's great.

Moderator: Oh, there's an opportunity now and um, you know, the next 5 minutes or so, for people to actually well, you've mentioned anything. Those are the... that may sort of areas I was interested in, um, you know, with technology and culture and that sort of thing. But um, right. P3 has to leave. Okay? Thanks, P3. Um, so, you know, feel free to um, chip in on anything that you think good, bad or nothing. But um, I think we ought to add, include, get rid of... or just general comment.

P2: I- I've got a couple of um, things. [chuckles] Sorry. You know...

Moderator: Yeah?

P2: I-it just goes back to yeah, in- in the third section C3 section, talks about having a portfolio but it doesn't mention a philosophy of teaching and learning. I think that is a core thing that seemed to be a big thing in um, nursing educators I've worked with in shifting their practice, sort of developing their own philosophy of teaching and learning. But um, also, for in C3.3, um, in any of the nurse educator competencies it come across internationally the WHO competencies, whichever, there's always domain- domains to do with research. And I noticed this is just a sub point in the current competencies that I found that um, clinically based nurse educators really felt, you know, what is the scope of that?

And when- and when you talk for about research from an academic point of view, they- they say, well this is- this is beyond my practice. You know, if I'm a CNC, I might get involved in that not as a CNA. Um, and so, I think this is an area could possibly be looked at um, maybe redefining it around evidence-based practice um, quality improvement, quality assurance, those sorts of terms. Um, and maybe you ought to know, I have it kind of optional or linkage, linkage perhaps that communication aspect linkage to, to people engaged in research has found yeah, in that, in that sector, the clinical sector is something that kept coming up.

If you go back to the guide paper from 2011 that reviewed the ANTS competencies, um, that's one thing, one of the conclusions they found and there's apparently a lot of airy-fairy language in the competencies but that was from the perspective of clinically based educators. Um, so um, just addressing research in some ways and getting some of those nuances and I know you, you're talking about having this for covering all settings, I think that's really challenging.

Moderator: Yes.

P2: There will always be parts and maybe this has to be parts that highlighted these are the core areas for clinically based nurse educators. These are core areas for academically based educators.

Because as we know, academics, we lose touch with clinical practice and therefore, you're not fulfilling some of the um, domains at least in the WHO competencies. So, and certainly not in the ads. Um, so, I- I think that needs to be really looked at carefully, but I- I'm really excited by what's happening with the evolution group, Moderator. Because I know this had been a long time coming, hasn't it? And-

Moderator: It has, yeah. [chuckles]

P2: Those competencies have been there since 2010. Amazingly, highlighted by the WHO Competencies 2016, international ones.

Moderator: Yes, yes.

P2: [inaudible] but, but they originally came from- from European competencies that are adapted to Australian context without much sort of um, I don't know how much consultation went on there, but they've never been that fit, tightly fit for practice, have they? So, this is really, this is happening.

Moderator: Yes, yes. That's right. And it just says the WHO uh, just say it's not specific for us and it needs to be grown from us. I think and what you say, and we've got such a variety of people here from all different um, areas of education. No, it's great to try and get that to try a bit, that commonality. Um, so, time is I realized, you're all probably time-poor at the moment and-

[END]

Friday focus group (50:48min)

Moderator: Great. Now, the first thing I really wanted to ask was the question of, if you can think of two things that you think, that you think are most important for nursing educators. And think of it in terms of nursing educators in any setting and in any role.
[pause] Have a think and then you can put that little hand thingy or just go like that.

JS: P9 said building relationships.

Moderator: Alright. Okay. Thanks. Uh, and so relationships, what sort of relationships do you think it might be?

P9: Um, I sort of think at the beginning of, um, like just looking at, uh, different journals and stuff. Building that relationship between the, um, the educator and the learner right at the beginning is really important stuff, um, that way the learners are, feel safe and they're more respect this receptive. So just that, that first, um, relationship and then, and then keeping it, um, honest and transparent all the way through. But I just find myself with the grads right at the beginning, building that relationship brings that community of practice together for them. So, for me, that's, you know, one of the really important things.

Moderator: It's interesting that you mentioned safety. Has anybody else had a, a thought about that? [pause]

JS: Um, so P13 has also added a passion for learning and sharing knowledge.

Moderator: Great. Thank you. And we welcome P15, who I see is there. Um, P15, we just in, um, uh, just having a discussion about what you think are the two most important things that you think of, of around being a nursing educator.

JS: Um, P10 has a hand up, Moderator.

Moderator: Oh, right. Yes, P10.

P10: Thanks, JuliaS. Sorry. Thanks, Moderator. Um, two things I think are most important, just to echo those previous thoughts. Um, firstly, a genuine love of helping others learn. I think that's absolutely critical. And, um, the second thing, um, associated with that is having the skills, the knowledge, and experience then to be able to individualize the learning and situate it, uh, for whatever, for whatever learner or learner you're with.

Moderator: Right. And, and what do you mean by situated?

P10: Um, the, the idea that I have at that is, is I call it meeting people where they are. So it's that, it's that, I guess that skill, that increased skill that I hope that I found has come with experience that you might think you might have an appointment with a learner to, to, to cover off X, Y, Z something. And, and I, I'm always amazed at the number of times when it's, it's actually really is not that at all. It turns into something different. So it, it's, it's being inquisitive and exploring and going where the, where the learner, where the student takes you and, and, and for that to be okay. So having that confidence and that skills and that knowledge to be able to go on that little bit of a journey with them. Um, and I find, um, I suspect, you know, P9's the same and, and, um, P11 as well as a, um, a clinical educator based in, in units, that happens so much. Um, so that, I guess the other thing would be that flexibility. Um, and I see P9's nodding as well. It, it's just, as I said, you just gotta be comfortable in

your own skin to be able to go with it where they take you and, and for that to be okay.

Moderator: So you're saying that you actually need that knowledge and those skills for that flexibility to happen as well.

P10: Absolutely. Yeah. And I think, too, with that, with that, uh, you know, the knowledge and that, and that skills I think comes that increased understanding and that proficiency and that confidence to be able to, to impart or help people learn in different ways. So you might be saying the same thing, but find that you have to say it or perhaps illustrate it in a number of different ways. Um, I live for those light bulb, what, you know, those light bulb moments when you think, oh, okay. And, and the, the staff member will say to you, okay, now I understand it. I've got it now. Um, and that's fantastic. So I hope that makes sense.

JS: I thought it made eloquent sense, P10. Um, Moderator, P11 wrote, um, collaboration with the business as in the hospital and healthcare settings, but she's, um, dropped out at the moment

Moderator: Dialing back via iphone.

P13: Yeah.

Moderator: As collaboration. What do, um, what do others think about that comment of collaborating with business? Is it just business? P9's saying something on mute.

P9: I was just having another, a read of that, um, because I, I was actually focusing on the one just before that P13 put in, which is a passion for learning. But we talked about, P10 talked about that as well. Um, collaboration with the business, actually, it's, it's fun. It's, it's, P11 put that one. That's lovely. Um, we, we, um, a lot of the university or the, um, university hospitals collaborate with a university partner, um, and we have a really strong collaboration with our university partner. So it's, um, it, it is really important, but it is a little bit tricky as well because, um, the, with our business, our university partner, the term collaboration can be as much as we have meetings together to discuss it or really, really open collaboration with looking at each other's, um, uh, stuff on our curriculum that we both teach. And so, there's sort of a, a, uh, a gentle collaboration or there's a true solid collaboration. So, um, yeah, just-

Moderator: Or sometimes not so gentle [laughter].

P9: Yeah. But I, I think, I think it's a really exciting, um, uh, part there, but I'm finding it myself really tricky to navigate that, um, with the sharing of what we both do, the different partners do, and, um, and the, um, the real, the interest in what each other does. So, yeah. But it's important.

Moderator: It's also looking at those commonalities that we actually do do say, as nursing educators. Um, one thing that we do a lot of is teaching, learning, and technology's becoming a, you know, a, seems to be big, big aspect now. And so what are your thoughts around, um, technology to, for the standards?
I'm getting nodding by P10. So how do you think it ought to be represented or what sort of things we need to do or that we do do as nursing educators about technology? Yes, P15. Um, you need, you're on mute at the moment. Yeah, it's all right [laughter].

P15: Okay. Can you hear me now?

Moderator: Yeah.

P15: Yeah. Hi. Um, so currently I work in the community setting. Um, but in our area health service, we have, you know, all electronic medical records. Um, so I think it's, um, important that staff, um, current and, and new staff, including students, um, who are expected to use these records have, um, good training and good understanding of what's required, both, um, in terms of documentation standards, um, and maintaining privacy, confidentiality, but also understanding, you know, how to log the data and what does it mean. And, um, the idea that it sits at the point of care when, um, you know, at the bedside table with wheeling a computer in, sorry, at the bedside. Um, one thing I notice, um, with the ward staff, particularly because they're busy, um, unlike paper charts, which were easy to look back on, um, it's often the case that the nurses aren't looking at previous entries from medical offices or previous nurses. Um, so maybe just the, their remembering that there's a lot of records and information available, um, to be utilized. Um, just trying to think if there's any technology we particularly using in community. Um, not really. I need some, you know, diagnostic equipment. Um, yeah, I think that was all.

Moderator: Right. Thanks. Uh, there was P10.

P10: Thank you, everyone. Um, and, um, I echo what P15 said as well, particularly in relation to the electronic medical records. And I think there's even a step, um, before what P15 was talking about, where we're actually obviously got this technology at the bedside. There's an incredible opportunity for us as nurse educators to be involved in the design and the development of these products, and absolutely involved in, um, the ongoing optimization. So all of that R and R that we're, our staff are actually doing at the clinical interface there for, you know, for these various products. The number of times that I have, um, you know, that we've had rollout of, of EMR, the initial rollout or product where it would've been so fabulous to have nurse educators involved as adult education specialists involved to advise those teams. Um, because in my experience, there was a fundamental lack of understanding by the developers of the software who honestly are so bright, um, but they just don't have the knowledge to, to understand, um, exactly who our learners are and how they actually connect with, you know, with their product, with the EMR, for example. Um, so it, it, I was shocked when I realized that in implementation groups, in design groups, there was actually no nurse educator voice. Um, and I, I think it's an incredible oversight. So I would really welcome something in, in, uh, you know, in whether they're core competencies or practice standards or something that actually to raise awareness to say this is, you know, we, as nurse educators have a valuable and a skilled and an experienced voice. So, you know, as education experts, let's be part of those groups. Um, and really raising that awareness, I, I think needs to be done going forward.

Moderator: P13.

P13: Yeah, thanks. I'm just thinking a little bit of time widely, one of the challenges we have with a lot of the new educators, particularly down in Tassie, is a desire and a need to learn about IT and technology. So I've been spending a lot of my time teaching IT skills. So, I think when we're developing a capability framework. It's really important that we look at both the clinical space, which we've just spoken about, but also making sure that we do have learning as part of our capability as educators and recognize it upfront as a core skill for educators.

Moderator: Um, what sort of roles and skills do you think that nursing educators need around technology?

P13: Uh, it's like we have the IT in Tassie, we've just developed a SharePoint platform, um, which then aligns with the university. So this is in the clinical space, but the nursing education unit, um, we've just moved across from the central area across to statewide mental health services, so working

collaboratively with the center of education, um, innovation, uh, which has been really important to working with psychiatrists, um, and other researchers. So, it's making sure that we do have these skills upfront to then share them with others. Um, in the last week, I'm actually like two things at the moment. So we've got a symposium going at the same time, so linking in with the symposium. So I've just taken time out to do this. Um, it's making sure that we do have the skills and knowledge that we're able to meet other, other areas on the mainland as well, so.

Moderator: And how is the symposium delivered?

P13: Um, it's to face to face.

Moderator: Online.

P13: Yeah. That's why it's, it's blended. So up until last week, it was purely, um, face-to-face, but then they said, okay, can they have some IT support? So yes, um, an instant decision was made last week, and so I'm helping them stream it. So, I do have fairly good IT skills. Some support them in the background as well. So for a peer distracted, I'm really sorry, but I'm just kind of monitoring what's happening in their space.

Moderator: Uh, JS.

JS: Um, I was just going to clarify because that's, that's been a really good discussion, but it seems like for me that in technology, you're saying one, one we have to be an expert in its use and to be able to teach people how to use it. But two, we need to be leaders in, in developing it so that we can actually, um, shape it to, to be beneficial to nursing and to nurse education as well. Is that right? Okay. Lots of nods. I'm just saying. Lots of nods for the recording.

Moderator: [laughter] P9, do you have something to add?

P9: I can't find, I can't find my hand. Yeah, everyone who knows me knows I love a chat, but I can't find my hand.

Moderator: Your physical one will do {waves} [laughter].

P9: Yeah, I, and, and agreeing with and having a look in the chat box there, um, knowing how I like the new technologies like IMR and our, um, nurse, um, digital health and all that sort of stuff, um, being proficient in that and keeping up to date, but yeah, definitely in, um, being up to date in the use of AI, uh, to develop our learning resources. So, um, I suppose when you're looking at what is a competency around, um, the use of AI, it, it would be a competency, um, coming under, um, uh, recency or currency of practice. So knowing that whatever's happening education-wise, our competency is our currency of practice aligns with what's happening in the, the, that sort of is digital. It's not digital health, an AI world. So, yeah.

Moderator: And you raise, um, it's the language around it too. There's the language of technology, information technology, and you've mentioned the word digital. So it's as to, um, you know, um, being clear, I suppose, in what we mean by these words.

Um, so another thing that's been raised, as somebody mentioned, um, well the, we got, we had a Delphi expert panel we sent out, and one of their comments they made about sustainability of the program, and it's perhaps a little bit, people have different interpretations of it. So what are your thoughts around, um, including that, and what does it mean to you?

I got P13 nodding [laughter].

P15: Um, hi. Would you say sustainability's about, um, the continuation of any advances made in terms of improvement to practice or, um, improvement to processes, um, as in a quality improvement project that seemed and deem, was deemed to be, um, beneficial for patient safety and quality, um, that kind of then just stops when the project stops and, and nothing further is, um, taken from those learnings nor often shared between similar ward areas or, or other, um, places where it could be altered and implemented in different scenarios?

Moderator: And what do others think sustainability is or can encompass, as you say - You've mentioned an example now of, uh, about, um, it in the clinical area, say for the quality assurance programs and that sort of thing. Um, what does it, that mean to others? Yes, P9.

P9: Um, quality assurance is that, would that sort of come under the, the, um, domain or the competency of, um, research, um, how we sort of, so sustainability, um, does sort of lead to research 'cause if we're gonna sustain, sustain something, we need to continually make sure that we're inquiring and looking at it and investigating it. So I, I wonder if that's, um, something that, uh, well, it sort of does need to be in our competencies is sort of, um, ongoing quality improvement, um, with the synergy to research.

Moderator: Uh, do others think that it might be research? P10's got, you've got your hand up.

P10: Thank you, um, Moderator and group, I think it is about research, and I think it's also about evidence translation as well. And I think that, that, you know, being able to, to actually, um, provide information and facilitate student understanding staff, understanding that, you know, the, the research is obviously about, you know, finding, um, finding the evidence. But, um, or the, but evidence translation is, is such a huge, um, part of our role as well in terms of really coaching staff to find out what's already out there and just understanding that it's not always about reinventing the wheel, is it? So, so I think that I'd like to see that as part of, um, work, you know, uh, going forward as well.

Moderator: You think it might also be part of the evaluation?

P10: Definitely.

Moderator: Of programs.

P10: Definitely.

P15: Um, I suppose in terms of evaluation, I suppose just, uh, a regular, regular look at, is it still, um, pertinent to this time in terms of, um, new technologies and new, um, changes in nursing practice? Um, you know, new environments that we're coming up with. For example, we've recently had the COVID outbreak. Um, the other thing just I thought of, um, P13 mentioned about not being person dependent, so kind of putting onto paper or into a file, something that can be translated to other people and, um, shared beyond someone moving roles or leaving a department, um, so that it can stay, um, there and ready, uh, to be adapted in any way needs, needed.

Moderator: And P14.

P14: I think it's all of them because I mean, like in a clinical setting, it's about the rollout, but it's not just about that episode. It's about maintaining it into the future, keeping evidence-based practice.

So, changing it over time, which comes into your, your research, um, and then improving it so it becomes everything and evaluating over time.

BF: P13, you had some interesting thoughts in the chats. Do you wanna explore that a bit more?

P13: Well, okay, what I was thinking, it's making sure that with the programs that we have, so making sure that when people do move on that the programs are still accessible by others. So building on past success, um, and also learning from past challenges 'cause that's been one of our learnings down here. Um, also making sure that it's evidence-based, because some of the programs that we've developed in the past, yes, we think it's a great idea at the time. Um, we're trying to promote nursing, which have a specialty area that we are in, but making sure that it is, um, moving forward correctly in the future. So part of the capability for nurse educators is able to, um, look at those programs and then look at sustainability for the future. Also, while we're doing that, um, we do have some, um, I think we need to be cognizant of our impact on the planet, and quite paper-based training is not necessarily the best thing for the future either. Sure. Okay.

Moderator: Sorry, what were you saying? Okay. Uh, another aspect that was raised with culture, but before that, did anybody else want to add anything more about the technology or sustainability? I don't want to, uh, stop the thoughts?

Moderator: Okay. I was saying about culture, because there's a little bit in there in the standards, current standards about it, but that was 10 years ago. So it's having a think about whether we need to change anything around how it's described, you know, such as the language or something like that. Or P11's got your hand up.

P11: Just a quick point on technology. Yeah. As you know, nurse educators, having the access to collaborate early or in the future is very important. So, um, you know, we talked about being able to implement the technology, but being able to access it at different areas, whether you're facilitating at at TAFE, you know, you, or facilitating at the university, having access to EMR is really important because we can't be teaching our students that if we don't have access to, to the program and troubleshoot for them, um, throughout that. So that would be something that we have, have thought of being quite important.

Moderator: Having the available resources basically, or perhaps managing with what we have [laughter] sometimes. Yes. But what you're, perhaps, are you saying that we advocate then if we don't have it, it's advocating, is it? Do you think for getting the appropriate resources?

P11: Yeah. I, I think that's quite important to, you know, have sand pits available to us if we're expected to teach, um, these particular areas.

Moderator: Yes, P9.

P9: Um, I just have to sort of mention that I had, prior to this, and I sent it off to Moderator, I had read through the World Health Organizations, um, uh, nursing educator domains. And one of the things that I was sort of, I'm wondering how that would fit in ours and the conversation we just had, um, leads to this is making sure that people have access comes sort of under that social justice principles, sort of making sure that everybody, we don't just have a resource there, um, so that everyone has equal access, but it's equitable access as well. Um, so making sure, using that social justice principle that everybody, as educators, we're, we're thinking about what we do to make sure that it's equitably and equally accessible, um, coming in that domain of ethical, I don't know. Yeah, ethical practice, I suppose.

Moderator: How else would you see equity in that? You've got about access to resources. How else then, uh, do you think nursing educators, it may be important for nursing educators in other areas?

P9: Well, when you look at equity, and we look at culture, um, making sure that what we provide, um, is also culturally appropriate. So that's where that, um, we have things that are, is everyone can access, but if it's not equitable, meaning that it doesn't have that, that language that everybody can understand, then our resources aren't equitable and accessible. Um, I just wouldn't know where that, um, where that domain would fit and how we could put it in as a characteristic or an attribute for an educator.

Moderator: Mm. Uh, JS, you had your hand up.

JS: Yes. I was just going back to, um, what we were saying about access and, and the example with EMR and, um, and, and the discussion was a little bit about advocating it, advocating for it, but it, I, I guess the thing is that the education providers don't really have that unless they can negotiate some kind of access. And I, and maybe, um, maybe that's where, somewhere that we have to look at that collaboration that we're talking about with partners and how we do that. That, and maybe that's something you guys can talk about - as in collaboration. I was just diverging, Moderator. Sorry.

BF: So P13, do you mean like, like health facilities with universities and, you know, state health with universities, making sure things are available? Anyone else got any of these?

JS: I was going to say we used to be able to get all of our paper, well, we still can, our paper records for, for the students to practice with, but because of privacy and, and all the regulations from different organizations about accessing EMR, that's very difficult. We actually can get, I guess, some of the electronic, um, paperwork for want of the better word and, and play with those on our electronic, um, tools. That may be what you mean. But anyway, that's, we're probably diverging from the standards more, but I'm wondering if that's better collaboration more than anything else.

Moderator: Um, P10, you've had your hand up.

P10: Thanks, Moderator. Um, collaboration and I'm sort of just speaking into the future here, but I think that there's an untapped opportunity for us as nurse educators to be collaborating with industry as well. You know, we're increasingly using VR for onboarding staff, and there is, you know, I think there's pockets of some really great work that's happening already. It would be fabulous if, if that some guidance or, or that could be recognized within the, you know, within the practice standards or whatever. Ultimately, they, they end up being. The reality is, as I said, we're, we're increasingly using this industries reaching out. If we can help them understand the needs of learners in the environment in which our nurses, uh, and our health professionals learn, then that's going to be absolutely mean. I, I think it will absolutely, um, help mean that the, um, the products that the software, the programs are actually fit for purpose. So much of, of what gets served up to us now is we're having to do workarounds where, you know, parts of the program don't work. Um, it, as I said, I think we need to be getting in much earlier, um, to be able to inform the development and the design, um, and the evaluation of these products. Um, you know, before they actually hit the wards, basically before they hit healthcare. So, um, I'd advocate for that strongly.

Moderator: And I suppose there's also a collaboration with the learner. Now, P9, uh, mentioned a point about culture and that, you know, collaboration also would involve, I would imagine, um, looking at different cultural aspects and, you know. P9 was mentioning something about the learner. Is that right? The different culture of the learner. So are there other things that you think that we

need to consider in the standards around culture? and how we can express it in the language that's used? It's, the language currently has some in the standards, cultural competence, it mentions cultural competence.
[pause]P9.

P9: What domain do you think it would come under? Just looking at our, our standards that we have now, um, would it come under ethical and professional practice, or does it come the cultural aspect?

Moderator: I leave it up to people. What do you think?

P9: Let me find my thing.

Moderator: Oh, I got something.

JS: Do you want me to share them?

Moderator: Uh, yep.

P9: Okay. Yeah. Yeah. I can't see, uh, in our domains, um, where it would come under. Yeah. But I, it would probably come under, um, a domain of ethical practice, sort of, um, um, reflecting on culture as a, an affective domain under professional practice, ethical practice. So maybe that's where that domain would sit. Um, but I can't, I can't really get my head around exploring it any more right at this second.

{competencies shown on screen – pause]
Moderator: I'll just do a search on mine here. Cultural, here we are, it's twice. It's in, um, domain three at the moment. 3.1.5 demonstrates cultural competence, and very early on, it's in about, um, domain one, acknowledges cultural factors affecting learning. So it's in two places.

P15: Do you mind if I mention something?

Moderator: That's fine.

P15: Thank you. Um, do you think it's not only that the nurse educator needs to be aware of cultural, um, what's the word cultural aspects of both a learner, um, and say a patient, um, but also be able to teach what cultural competence means for a healthcare professional. Um, and to have that expectation that healthcare professionals, um, and I don't know if the, this is right, but envelop, um, cultural competence in their practice.

Moderator: We've got nods from P10, who agree and from P11, yeah.

P11: It, it's within our, um, you know, our professional standards as nurses, right? So we, if we're gonna be teaching it, we have to have that as our, like fundamentals of our practice day to day. So if we don't have cultural competence ourselves, we can't be, you know, we can't be nurses and midwives.

Moderator: There was, um, some, um, I've had some feedback about the, the word cultural competence that perhaps it should be replaced with, uh, some other terms. Um, can you think of any other terms that, um, may reflect the, today's way that we use the word culture? I'm thinking of things like cultural sensitivity they talk about rather than competence 'cause competence, they said, is like a tick in the box. And, um, and they tend to use other words. I just wondered whether there

was anything, um, whether you were happy enough with that. Um, that, uh, people are suggesting we use terms such as like a cultural sensitivity. Yes, P9.

P9: Okay. Um, I'm not sure of anyone else, when I was tutoring at, um, uh, where was it? QUT, we had a whole six-month subject on cultural safety, which isn't about cultural safe practices. It's about cultural safety of knowing your own culture, um, and, um, having self-awareness of that. Um, and then understanding the culture of others. So it's, it wasn't just about cultural awareness or cultural competence. It was cultural safety about knowing yourself as well. Um, and that was a subject that we used to teach. So I'm not sure, and there's a lot of research. It comes from New Zealand, I think, cultural safety. Um, some people get it a little bit mixed up and think that means to be, um, safely practicing so that you respect other people's culture. But it's more than that. It's about understanding yourself as well within that, you know, understanding you have a culture that comes from somewhere so that cultural safety goes across everything.

Moderator: Uh, P11 had your hand up.

P11: Um, just an idea, if we were going to incorporate it, um, into our own standard, should it be in line with our code of conduct and use the language out of that so those documents link up?

Moderator: Oh, we've got a thumbs up from P10 and nods from people. And it's interesting that, oh, P14, oh, you had, oh, it's, sorry. It's-

P14: No, I agree.

Moderator: That's okay. It's a thumbs up.

P14: Confidence is probably no longer the word, and it's, it's broader than just culture.

Moderator: And that's what I was going to ask actually is about safety in general. What are the safety, the word safety isn't actually currently in the standards. So how would you see safety? You've mentioned cultural safety. Would you see it in other areas?

BF: P14, I was interested in your comment and you think it's more than just culture.

P14: Well, I'm just thinking that culture these days could be, you know, religion culture, culture of where you're born and, and that type of place. But it could be neurodiversity. It could be LGBTQIA plus. There are a lot more things that we deal with in today's society that could be deemed as culture and about people's way of being and being themselves.

Moderator: And I'm getting some nods. Yes. That people are agreeing. In the same way, I think that safety's more than culture, and there are other aspects to it. And we talk about a safe learning environment, don't we? So, you know, so, so what are your thoughts around, um, the safety aspects that nursing educators you think ought to do, ought to understand? Yes, P9.

P9: Um, I don't know if this is, and, and everyone, I'm just put in the chat box if this is, um, not something that comes into competencies, but one of the, the big terms that we're bringing out now that's been around for a while is that trauma-informed response. So, making sure in that domain that our teaching is trauma-informed. So, and it's a difficult one because we have to, um, in different subjects, present stuff that is relevant to practice that you're going to see. But traumatizing learners across all domains, from undergrad all the way through, needs to be in that domain somewhere that we don't, with the four Rs, realize, recognize, respond, and don't re-traumatize. So somewhere in a

domain is having a trauma-informed approach to the education that we develop.

Moderator: You mean, guess lots of nods and thumbs up. Um, do you mean something like if we're actually, um, teaching a person about a sensitive area such as domestic violence or sexual abuse, that we have to be very conscious of the, the learner's safety, um, in that environment? Is that what you're saying? I'm getting some nods. Is that the sort of thing you mean? Yeah, I'm getting nods there. Great. Um,

it's really now time over. Um, those are the main aspects that I really wanted to talk about, I think. Um, I'll just have a look. I think that was it. Um, [laughter]. So that came out of, say, the expert panel that we had. Um, what, so it's really free to what you, what you think, um, perhaps should be emphasized that is not currently emphasized perhaps in the standards or that, um, needs to be included or deemphasized as such.

JS: Can I ask, um, do you think we should have, um, a competency or we should include, uh, directly, uh, and, and clearly, um, the indigenous, uh, culture as, uh, signifying its importance because it's not really clearly identified there.

Moderator: As a standard for a nursing educator in any setting, is what you're suggesting, P13. Is that right?

[pause]

P13: Yeah. I'm just raising it as it seems, as it's, uh, a significant issue at the moment. Uh, the experiences that about Aboriginal people in the past and, and we're talking about trauma responses and that as well. Um, and the fact that we've, um, we're educating indigenous students, and we're trying to encourage more to come along, is that should we have a significant standard there or should, should it be part of the diversity?

Moderator: Or whether, or whether it's already included within the current standards, under the word, you know, culture?

JS: Yeah.

Moderator: Um, inclusiveness, basically. Yes, P9. Oh, on mute.

P9: I just chatted. I didn't have my hand raised.

Moderator: Oh, okay. Yeah. Fine.

P9: I just, I just put in there. But would it be worthwhile, um, when I was at, we were at the conference recently, um, 'cause New South Wales have developed or have, um, published the Aboriginal Pedagogy, The Eight Ways of Knowing, and it's an Aboriginal pedagogy, and it has Eight Ways of Knowing. And I spoke to one of the ladies, uh, the speakers from, um, New South Wales, and she said that if you, and it's got, um, really lovely things like, um, it's always been a place of knowledge and sharing. So, um, I sort of bring that into my acknowledgment, but if you wanna develop a curriculum, you look at all of the Eight Ways of Knowing, and you develop a curriculum using the Aboriginal pedagogy. So I don't know if it's something worth having a little look at. It's, it's a really good, um, site. Uh, you just, so I'm not sure if that would meet worthwhile exploring.

Moderator: Or whether it's part of that individual learning experience? But you, um, you know, that flexibility, uh, whether it is incorporated within that.

BF: P11, do you have something to add? Uh, yes. Sorry, P11.

P12: Uh, it, it's actually P12, sorry.

Moderator: Hi, P12 [laughter].

P12: Um, I, I love this discussion. I actually had a very interesting, um, case recently with a member of ours who was a, who is the First Nations woman. Um, and she was raising an issue that when she was a new graduate nurse, uh, she was quite poorly treated by sadly the, the clinical nurse educator on the ward because there was an expectation. She wasn't there as an, uh, Aboriginal liaison officer or in an Aboriginal-identified position, but there was an expectation and a cultural burden that was being placed on her to attend to the needs of Aboriginal patients in the ward, whether they were her patients or not. So she actually ended up, unfortunately, being bullied, um, and it kind of went down a pathway in itself. So I think that that is an important thing to be cognizant, cognizant of, um, is, you know, uh, for First Nations people. They cover many different roles, and in some of them, they don't actually want to be recognized as a First Nations person. They just want to be a nurse, or they just want to be a midwife.

Moderator: And that, I suppose, is part of that cultural safety, too, isn't it? I suppose.

P14: And is it about contra cultural sensitivity to those of our peers in positions that could potentially be used like that?

Moderator: And is it also part of advocacy that, um, as nursing educators to advocate for the learners? Yeah. We're getting a nod, uh, a couple of nods there.

JS: Is it, is it also equity so that, um, the, our perception is not that they're, they're Aboriginal, just that there should be nurses? Is that what P12 getting at?

P11: And I, I think opening up that dialogue by actually asking the learner, which is really important, what, what their needs are.

Moderator: Which is part of communication. Um, is there anything in the communication, uh, say that, that broad area that we have on communication, anything that you think is important? They've mentioned collaboration mentioned this individualness. Yes, P10.

P10: Thanks, Moderator. Um, and not just in relation to, um, communication, but it certainly, uh, does come in here as some people have been talking, I was just reflecting how could we help a, our less experienced nurse educator colleagues understand, um, you know, what the competency standards are. And I'm wondering whether we can take a leaf out of other organizations books and we can perhaps, you know, have something in the model that, you know, as a beginning nurse educator, this, you know, this is what the competency standards look like for you, but someone who's more moderately experienced, this is what they mean for you and for someone who's, you know, quite experienced this, you know, this is what they mean. Um, certainly people much wiser and I, you know, have said to you, you can't be what you can't see. And I'm just wondering whether, you know, where we have less experienced nurse educator colleagues who may be on their own, so they may be in a remote, you know, facility somewhere. I just think if we can absolutely think outside the box and how we might situate these in a way sufficiently that it helps them understand, what the

competency standards are, uh, would be of, uh, of great assistance to them.

Moderator: And, um, P11 has mentioned, um, it, was it P11? Sorry. P9, about the similarities to Benner's competencies, do you think?

P10: Certainly, from my point of view, yes. Something, something like that. Um, so much of, uh, I can't obviously speak for others, but so much of my preparation as a nurse educator was, was certainly learning on the job. And it's a really steep learning curve, and I think we've obviously become better at it. But this, I think provides potentially an incredible opportunity to do that better and to really help whatever our competency standards look like, but help them come alive for people so that we absolutely facilitate understanding, uh, as I said, particularly for less experienced colleagues. Um, and I think it serves the other purpose, too, that it can more fully illustrate and make evident the incredibly valuable and important role that nurse educators have in, uh, you know, in the health system. Um, you know, directly linked talk, we talked a little bit about safety. It's not only about cultural safety, but safety of professional practice. You know, so often as a nurse educator, my, my conversations are absolutely patient safety is important, but, but health professionals, professional practice safety is equally as important. And I think as nurse educators, we're probably one of the few who actually have that awareness, and that's part of our usual conversation. So, um, anything that we can do to augment that, I think, would be really positive.

Moderator: P9.

P9: Yes. Oh, I agree, sort of and, and looking at that Benner's understanding that we have, when you come into a nurse educator role, you might come in as a seven, or you might come in as, as a lecturer. Is it a, uh, B, um, but understanding that you are, (turns head - that's my washing machine), a novice beginner because, um, I know sometimes you come on, uh, as a new educator, when I first started, they're like, um, you'd come in, they'd go, oh yeah, just, um, education has been, um, canceled this afternoon. Can you just go and provide an hour's education? But understanding that the novice beginner can't just pluck out, um, a whole stack of blooms learning objectives and stuff. But when you're an advanced, um, uh, educator, it just is second nature and, and exactly realizing that, um, there is those levels of, you know, advanced, uh, novice beginner right up to unconsciously confident. So I suppose, yeah.

Moderator: And we're getting, um, lots of nods from people here. Um, do you think that it's, uh, it's being suggested that, that some context is given around each a standard and such as, I'm thinking what they really mean is like descriptors, something like that for each standard? Do you think that would be helpful to nursing educators? Uh, P15.

Venessa: I think that would be really good. In fact, when you asked before, sorry, about, um, defining something, perhaps there could be a, a loose definition that encapsulates different areas to kind of make sure that if you do come to revise this, again, you could always add to or change. Um, and also, I suppose, to make sure that it's more than just one sentence that you're kind of, um, extending the ideas of that to keep, um, that forefront and center.

Moderator: P10.

P10: Thank you. Um, I think P15 said it far more, um, better than, than I could say it. Thank you. Um, incredibly useful to have some, um, some descriptors around what these competency standards are.

Moderator: mmm thank you. Uh, P14.

P14: You could then also use it in terms of line management as if part of your performance review process. It actually gives some credence to, okay, this is what it is to be. Where are you in that continuum? That goes with what P9 was saying as well.

Moderator: Yes. And we had, um, P10, you have the hand up.

P10: Sorry. Um, I forgot to say, too, um, to really push the boat out, um, for many of our, um, learners who are visual is, um, some sort of a graphic to illustrate the, the standards would be absolutely fabulous. Um, would provide, uh, something that we could add to a bit of a toolkit. Again, I'm thinking of less experienced colleagues. So anything that we can do to help with understanding help is going to be incredibly valuable moving forward.

Moderator: Um, BF, you had your hand up.

BF: Yeah, sorry. Um, P10 and P9, I've been listening to you, and you are kind of talking about, you know, from beginning novice and having certain skills and then growing. I'm just wondering. I just wanted to clarify, uh, are you kind of describing like a capability framework? Um, I just wanted to explore what your thoughts were on that, because that's kind of what I was just trying to understand from your comments.

P9: Uh, yeah, I, I suppose, um, I, is it a capability framework 'cause that, um, or is it, yeah, is it a competency one? Yeah, that's a sort of, that's a really good question. If anyone else sort of, 'cause the capability is where you can tick a box that that's where you're able to deliver that set of, um, skills or tools. Whereas a competency is something that you would grow as, I don't know what I'm saying, [laughter]. Yeah.

Moderator: P14's gotta have a hand up.

P14: Um, just two things. Our team developed an internship for our novices to make that transition a little bit easier. And the other thing I'm thinking is, do we need to be saying nursing and midwifery educators, um, so as not to exclude those midwifery educators that don't see themselves as nurses or who in fact aren't nurses?

Moderator: Um, I'm conscious of the time. We've got P10. Um, she's got a hand up.

P10: Thank you. I was just going to say in, in, um, referencing the, the idea of the capability framework, um, I would think probably, you know, at some stage in the future, but at the moment, I think if we can actually have some competency standards that really articulate what it is, you know, that are contemporary and really articulate. As I said, the incredible the valuable role that nurse educators have is, is a great starting point.

JS: So I, I think it, we need to, um, be clear that we, you know, we're talking about nurse teachers, so it could be educators and facilitators as well.

Moderator: Now it is getting close to the hour, and I'm conscious of people. Um, so thank you all very much. Um, was there any last minute, um, we've got a couple of minutes. Was there any, um, last-minute comment people wanted to give? Uh, so after saying that, I will say that please, if you've got, um, as said earlier on, any comments that you think of afterward, that sort of thing, please email us any comments. Yes, P14.

P14: I was just clapping.

Moderator: Sorry, I just saw something yellow [laughter]. I thought it was a hand-up. Um, I'll stop recording. Okay.

[END]